NHS
London Ambulance Service
NHS Trust

Annual Report & Accounts 2022/23


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Contents

Chair and Chief Executive Foreword

A message from our Chief Executive Daniel Elkeles and Chairman Andy Trotter

We are delighted to present this year's Annual Report – the official overview of how London Ambulance Service performed during the financial year of 2022/23. This overview includes a full rundown of the highlights and challenges of our year, including how we measured up against key standards of care for ambulance services, how we performed against financial targets, and the steps we have taken to further improve the care we provide to our patients and the experience our staff and volunteers have while working for us.

It was another incredibly busy year, and our staff worked around the clock to care for the people of London in their hour of need.

We answered more than four million calls (with 2,080,022 calls into our 999 services and 2,192,104 calls into our 111 services), provided care to 995,755 people face-to-face, at the scene, and treated more than 175,000 people over the phone.

Behind the scenes, a huge amount of work went into keeping our services running smoothly and sustainably for the long-term future, from launching our most ambitious recruitment campaign ever to opening a brand new 999 call handling centre and education centre.

On top of the busy day job, there were some significant incidents that increased pressure on our services, as well as large-scale events that brought millions of additional people to the capital. This in turn meant that our services were much busier. In fact, every season of the year brought its own challenges, from the heatwave and wildfires during the summer, to a difficult winter that included increased sickness in the community and periods of industrial action that affected us and the wider NHS.

Chief Executive Daniel Elkeles

Chairman Andy Trotter

And it wasn't just our services that were busy – the NHS as a whole experienced huge pressures and levels of demand this year, which resulted in long waits to handover patient care when our crews arrived at hospital. In our most challenged months, November and December, 31,493 operational hours were lost as we waited to handover patient care. This is the equivalent to a loss of 2,624 ambulance shifts.

We are very sorry to anyone who has waited for longer than they should have for an ambulance response from us, and would like to assure our patients and members of the public that we are doing all we can to reduce delays and create innovative ways of working with our health and social care partners to improve our ability to provide the best possible care to each patient.

We are particularly proud about the launch of community joint response cars which we run in partnership with community providers across 11 boroughs. In the first six months of running we cared for over 2,500 frail elderly patients, offering a quicker and more tailored response than we have managed in the past.

Although there were challenges through the year, there were moments of profound pride too. We were incredibly humbled to be able to support the commemoration events following the sad death of our longest serving monarch HRH The Queen, and pleased that we could help the million additional visitors to the capital to stay safe while paying their respects.

We are also proud of the improvements we have been able to make to our estate, and throughout the year we have invested £30.9 million in improving our buildings and facilities and equipment, and secured additional capital to fund new and more environmentally-friendly cars and ambulances.

Our staff and volunteers remain our greatest asset, and we truly want London Ambulance Service to be an outstanding place to work for everyone. To help us achieve that, this year, we began a new programme of work to transform our culture and improve the working lives of our teams. Known as 'Our LAS', more than 2,000 members of staff and volunteers had their say about what was good and bad about a working day with us and what behaviours we should value and encourage. The result is a new set of values – designed by our staff and volunteers, which are now at the heart of all we do. Under the Our LAS programme, we took 650 of our line managers through a 'leading with respect' training programme and have improved the way we interview and recruit staff and the method we use for appraisals.

Our LAS workshops also showed us that we needed to focus on teamwork and fostering those good relationships between colleagues, resulting in a new initiative called teams-based working, whereby colleagues choose the rota pattern they want, managers and their teams work the same shifts together and we end the historic practice of relief where new recruits can work anywhere rather than joining a fixed team. This transformation encourages meaningful contact that will benefit staff, managers and patients. The introduction of teams-based working to improve the working environment and culture for ambulance crews so there is more meaningful contact with managers, new rotas that deliver a better work life balance and allocated time for professional development. We plan to have this approach rolled out across all our 999 ambulance teams by autumn 2023.

This year also marked the time of LAS becoming an accredited London Living Wage employer as we welcomed our cleaning and Make Ready teams to the London Ambulance Service family. This was a proud moment for us, which truly reflected our new values of Caring, Respect and Teamwork. We also took the decision to bring our cleaning team in-house, which came into effect on 1 April 2023.

We have had 215 new apprenticeship starters in the last year. This includes 140 emergency medical technicians taking part in the Paramedic Degree Level 6 programme to become a registered paramedic, and 60 associate ambulance practitioners participating in our programme to progress towards becoming emergency medical technicians. In the last year, we reached a milestone of 1,000 apprenticeship starters since the introduction of the Apprenticeship Levy in 2017.

In partnership with the University of Cumbria, we were delighted to offer a range of apprenticeship opportunities to help individuals progress their careers. In fact, we were once again named the top NHS employer for apprenticeships in the country in the Department for Education's Top 100 Apprenticeship Employers 2022. We were also named Apprentice Employer of the Year at The AAC Apprenticeship Awards and Apprenticeship Employer of the Year at the Mayor of London Adult Learning Awards. The Apprenticeship programmes had their first ever full inspection from Ofsted and received a successful outcome of 'Good' overall and in all graded areas.

We also managed to provide care to our sickest patients during several periods of industrial action. This required an extraordinary amount of planning and teamwork given the high number of staff who are union members at LAS. We very much hope that by the time this report is published the disputes across the NHS will have been resolved.

Providing emergency and urgent care to the millions of people who live and work in London is an enormous task, but we are proud to do it. We hope you enjoy reading this year's Annual Report.


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1. Performance Report

Performance overview

This section provides an overview of who we are and what we do; a review of our achievements and performance in 2022/23; and a summary of our objectives for the coming financial year.

About us

London Ambulance Service is the only London-wide acute healthcare provider, meaning we are one of the largest and busiest ambulance services in the world. We have around 10,000 people working and volunteering with us, and we serve a growing and ageing population of some nine million people. As the ambulance service for the capital, we are proud to support large-scale public events such as the Platinum Jubilee, natural events (such as last year's heatwave and wildfires) and respond to a complex array of major incidents.

We respond to more 999 and 111 calls than any other ambulance service in the country, and operate a number of specialist teams to provide tailored care to people's needs – this includes our mental health joint response cars (where a paramedic is teamed with a mental health practitioner) and our joint community response teams who care for frail older people in their own homes. We attend more than 2,700 patients presenting with emergencies every day. Our staff, volunteers, patients and local communities are at the heart of what we do, and we involve them in helping to shape our work and the care we provide.

As a large NHS organisation service caring for the whole of London, we are responsible for ensuring our services and employment practices are accessible and inclusive for the diverse communities we serve and the people we employ or who volunteer with us. We continue to improve the emergency and urgent care we provide for our patients through 999 and 111, as well as playing a vital role in supporting health and wellbeing in London – this includes tackling health inequalities, offering great jobs and career opportunities, and delivering on our green agenda.

A growing part of our work is supporting patients who need non-emergency care (also known as urgent care) and ensuring patients access the most appropriate care service to meet their needs through NHS 111 and the integrated clinical assessment service. We are now the lead provider of this service in three of the five care systems in London, with a key role to play in the remaining two. Thanks to our specialist, tailored approach to providing care, we now take fewer than half of our patients to hospital and work with our health and care partners across London to develop effective care pathways to help make that happen.

Our other work includes:

- Planning for and responding to major and significant incidents (with our partners)
- Providing paramedics to work for London's Air Ambulance
- Educating the public in life-saving skills and use of public access defibrillators
- Engaging with NHS partners, local authorities and the Mayor to encourage a healthier population and a safer London
- Coordinating Adult Critical Care Emergency Support Service (ACCESS), a pioneering specialist ambulance service for transporting critically ill patients between hospitals that has been adopted as the model for the whole of London
- Finding hospital beds for seriously ill patients and ensuring their safe transfer to the best place for care

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Our Values & Behaviours

Caring

Kindness	be caring and compassionate, polite, welcoming, approachable
Positive	embrace change, be enthusiastic and optimistic, proactive
Empathetic	put myself in other people's shoes, consider other perspectives
Listening	hear others, be open, approachable, give others space to speak

Respect

Equity	be fair, embrace diversity, accept others for who they are
Inclusive	advocate for others, ask for input, seek out alternative views
Understanding	be interested in others' feelings, stories and backgrounds
Appreciative	offer descriptive praise, seek out feedback, value others

& Teamwork

Supportive	offer help when you notice others need it, check in regularly
Collaborative	seek opportunities to work together, communicate, clarify
Professional	be accountable, responsible for my attitude, calm and reassuring
Integrity	be honest, share learnings, act in others' and LAS' best interests

Together we put Caring, Respect & Teamwork at the heart of all we do for

Londoners

Our values

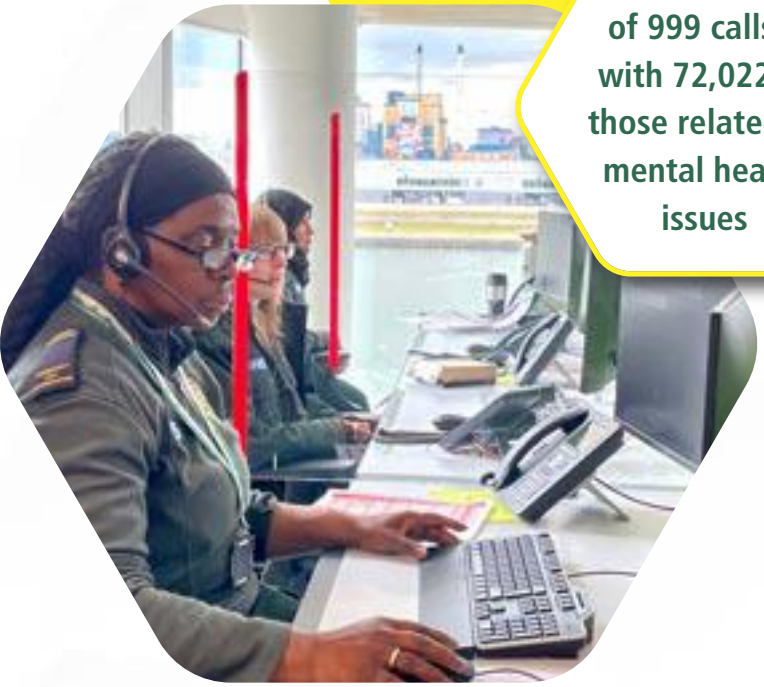
This year, we began a large programme of work to transform our culture and improve the working lives of our vital teams. Known as 'Our LAS', more than 2,000 members of staff and volunteers had their say about what was good and bad about a working day with us and what behaviours we should value and encourage.

The result is a set of values and behaviours, designed by our staff, which we put into practice every day. Together, we put Caring, Respect and Teamwork at the heart of everything we do for Londoners.

The year in numbers

2,080,022

Number of 999 calls – with 72,022 of those related to mental health issues



175,070

Number of patients treated over the phone

995,766

Number of patients seen – 52,037 related to mental health issues

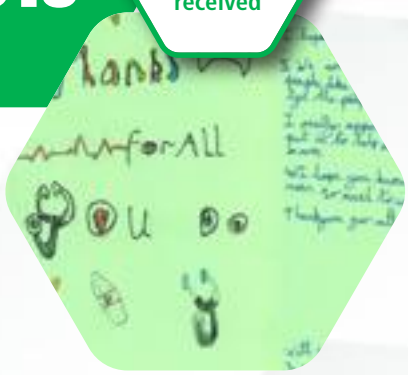
£0.4m

Raised through our charity

London Ambulance Charity

62,560,093 Our social media posts were seen

1,313 Number of thank you letters received



32% Recruits from BME background

2,192,104 Number of 111 calls

1,600 Number of people recruited

The year in awards & achievements

This section includes a roundup of all the awards won from April 2022 - March 2023.

April 2022

10 reconditioned ambulances filled with medical supplies are now in use on the streets of Ukraine after LAS volunteers delivered them to Ukraine.

May 2022

The Prince's Trust National Marvel Rising Star Award- Tania Makwana

Long service ceremony

June 2022

QAM medal – Richard Webb-Stevens

London lifesaver awards

July 2022

LAS Apprenticeship scheme – Top 100 Apprenticeship Employers

Apprenticeships
Top 100 Employers 2022

August 2022

Top NHS employers for apprenticeships

September 2022

Freedom of the City of London award- Nigel Flanagan

Volunteers wining ALF Team of the Year award.

October 2022

Letter from the Mayor thanking LAS for their work during period of national mourning

Mayor of London Adult Learning Awards

VIP Awards 2022

To recognise and celebrate the work of you and your colleagues

Caring Respec

t & Teamwork

VIP Awards 2022

To recognise and celebrate the work of you and your colleagues

Chief Executive's Award

The year in awards & achievements

November 2022

Cycle response team for Zero Emissions Innovations, finalist at HSJ awards

10 DOWNING STREET
LONDON SW1A 2AA

THE PRIME MINISTER

26 January 2023

Dear Christopher, Joshua, Stephan, Victor and Daniel,

Thank you for attending a call today when a member of the No10 staff fell ill. I wasn't in the building at the time, but my team have told me about the professionalism and sensitivity of your response.

I know this would have been one call of many, and that this is a particularly challenging time. Thank you for everything you do every day to save the lives of Londoners and thank you in particular for coming to our help today.

Yours sincerely,

Rishi Sunak

Mr Christopher Doyle
Mr Joshua Barnard
Mr Stephan Solar
Mr Victor Brooker
Mr Daniel Conway

January 2023

Letter of thanks from Prime Minister Rishi Sunak commending colleagues for attending to a patient at No.10 Downing Street. In his letter, Mr Sunak noted the professionalism shown after a member of their staff fell ill.

December 2022

Wellbeing team – Healthcare People Management Association (HPMA) Excellence in People Awards

Fleet Manager of the Year awards – Greenfleet awards

February 2023

Officially accredited Living Wage employer. The accreditation by the Living Wage Campaign means every member of our staff – including those in our control rooms and those who prepare ambulances to go on the road – now earns more than the government's minimum wage and receives an hourly minimum rate of £11.95.

March 2023

The AAC Apprenticeship Awards

This year in pictures

March 2023

February 2023

January 2023

December 2022

November 2022

October 2022

This year in pictures

July 2022

June 2022

April 2022

May 2022

Our strategy

The Trust's 2018-2023 strategy described how we would move towards our vision to become a world-class ambulance service at the heart of urgent and emergency care provision in London. This detailed plan, which was supported by a clinical strategy, set out our aspiration of developing and embedding urgent and emergency care pathways, delivering more care on scene, and avoiding taking patients to hospital when that was not the most appropriate place for the patient to receive care.

Since 2018, we have transformed as an organisation and the Trust is now faced with new challenges and opportunities which have far-reaching implications for the way we operate. These are:

- The long-term health, social and economic impacts of the COVID-19 pandemic.
- Creating new ways of working and collaborating with our NHS partners.
- The development of new models of delivering place-based care.
- Using our unique pan-London position to contribute to improving the capital's health and tackling health inequalities.
- New targets to achieve carbon net-zero by 2040 (relating to the emissions that we directly control).

To help us respond to these challenges, we began developing our new strategy to set a clear direction for the urgent and emergency care we provide, whilst laying out bold ambitions to develop the capital by supporting the health of Londoners, offering great jobs and career opportunities for local people, looking after and developing our current workforce, delivering on our green agenda and being an anchor institution.

Developing our new strategy for 2023/2028

One of the core principles of developing our new long-term strategy is co-development and co-production with staff, patients, health and social care partners, and the public. As a result, capturing the views and experiences of people formed an important piece of our work in 2022/23.

In order to accurately reflect the patients' view in this vital work, we commissioned London's 33 Healthwatch

organisations to help us conduct public engagement on our behalf. In all, 26 Healthwatches took up this offer, using their experience among local communities to involve over 2,100 people across London.

We also engaged with over 60 organisations across the five Integrated Care Systems (ICS) we work within, meeting with over 300 health and care leaders to gather their views. Alongside our external engagement we ran a staff engagement programme, conducting one-to-one interviews with over 500 people in every part of our organisation, engaging some 500 people through an online platform and involving some 360 people in leadership events. A summary of the findings from our engagement activities was published on our website, and we also encouraged local Healthwatches to share their findings locally.

The new strategy will be launched in the new financial year, with three mission statements underpinning our strategic goals:

- Delivering outstanding emergency and urgent care wherever and whenever needed.
- Becoming an increasingly inclusive, well-led and highly skilled organisation people are proud to work for.
- Using our unique pan-London position to contribute to improving the health of the capital.

Reflecting on the last year, and closing our 2018-2023 strategy

The vision set out in the Trust Strategy for 2018-2023 was to become a world-class ambulance service, and we have made significant progress in a number of strategic areas. Those strategic projects include:

- When the strategy was agreed in 2018, our ambition was to reduce conveyances to emergency departments by 10% from 63% to just above 53%. This target was adjusted in 2019 in response to the recommendations from the Carter Review. In spite of challenges from the COVID-19 pandemic, we now convey less than 50% of our patients to hospital, instead treating them at the scene, referring them to other health and social care providers, or providing expert medical advice over the phone.
- In the last year we have maintained this low conveyance level, and worked towards safely reducing it further by working with healthcare partners to develop pathways for patients to access urgent and emergency care without having to go to the emergency department.
- Since November 2013 we have provided a 111 service (in South East London), and expanded into North East London (November 2018). In the last five years, we have been awarded full or partial contracts in all remaining areas of London, most recently this year in North Central, making us a key player in the delivery of urgent care across London.
- We now have the same number of contacts into 111 as we do 999, and are working on integrating them further, so that there is a seamless transfer of patients and their information between the two services.
- We aimed to work with London's other public services to support improvements in patient outcomes and experience while also improving public value. We reaffirmed our commitment to working ever closer alongside other emergency services and London's wider stakeholder community during the five years of the Strategy. Consequently, we saw the introduction of paramedics into Primary Care Networks (PCN), Urgent community responses developed with ICSs, and collaborations in periods of high demand with our partners in the Metropolitan Police and London Fire Brigade.

  The last year was especially important for this, as we saw a further increase in partnership working through periods of industrial action, major events such as the Queen's funeral and engagement from 300 leaders across 60 organisations to co-develop the next trust strategy.

Providing outstanding patient care

Providing patients with the most appropriate response tailored to their needs ensures high-quality care and helps to reduce pressures on emergency departments across London, which in turn allows us to respond to emergency calls more quickly. To meet this need, we have a number of specialist teams operating across the capital, including our mental health joint response cars and our joint community response cars. In addition we have continued to expand our more highly skilled paramedics with an increased number of advanced paramedics (critical care and urgent care) and first contact paramedics.

Mental health joint response cars

Our mental health joint response cars pair a mental health professional with a paramedic to provide a specialist response to patients who are experiencing a mental health crisis.

By joining these clinicians, patients can receive both a physical and mental health assessment from the team. This is particularly important given that nearly half of patients with a mental health condition also have a long-term physical health condition.

When responding to a patient, the team's paramedic is able to assess and manage their physical health needs. The mental health professional can assess the issues that are affecting the patient's mental health, delivering interventions to support their needs and referring them to appropriate mental health services if required.

Through this combined team, patients get the care they need in their home and through local community services, avoiding unnecessary visits to hospital emergency departments. This not only eases pressure on hospitals and the wider NHS, but importantly helps patients experiencing a mental health crisis to avoid busy emergency departments that may not be conducive to their recovery, particularly in cases where the patient is vulnerable. Since launching as a single car in south east London in November 2018, the scheme has been expanded and has responded to and supported more than 17,000 patients across London.

Ensuring equity of access to care is a key focus within LAS, and thanks to the expertise of the LAS team members, the proportion of these often complex patients who need to be taken to hospital emergency departments has been reduced. Just 16% of patients experiencing a mental health crisis who have been evaluated by the mental health joint response car team have needed to be taken to an emergency department. In comparison, around 50% of mental health patients who are assessed by frontline ambulance crews are conveyed to an emergency department.

Community health joint response cars

Community health joint response cars see an experienced paramedic working with community nurses across London responding to elderly and frail patients. Uniting the skill sets of these two professional clinical groups delivers bespoke patient-centred assessments, treatment and follow-up plans for patients in their own homes.

The programme is delivering faster responses to patients and reducing unnecessary conveyances to emergency departments. Older and frail patients often benefit from a specialist response because if they are admitted to hospital they can experience a decline in their physical mobility and can be at greater risk of deterioration. Through this new model, the teams improve the patient experience by helping people who want to be looked after at home and not be taken to a busy emergency department, which we know improves their overall outcomes and safety.

Working with community health providers, LAS first launched the programme as a pilot of three cars in south west London in October 2022. Following successful results and improved services for patients, LAS expanded the scheme to north east and north central London. There are now eight community response cars operating from 8am to 8pm in these areas every day.

Since launching as a pilot scheme, the community response teams have responded to more than 1,400 older and frail patients in south west London, around 350 patients in north central London and around 550 patients in north east London.

The complex nature of older and frail patients mean that typically around 70% of these types of patients would have been conveyed to hospital if an ambulance attended. However, the expertise in the community health joint response cars means just 25% of the patients the teams attended were taken to hospital.

Advanced Paramedic Practitioner Urgent Care (APP-UC) programme

Our Advanced Paramedic Practitioner Urgent Care (APP-UC) programme has been instrumental in helping people avoid unnecessary hospital conveyances and receive the support they need at home, with a dedicated programme for providing this care to older people. The advanced clinical skills of the APP-UC team allows them to treat more patients in their own home, while their work monitoring 999 calls coming into LAS helps ensure that our crews are being effectively deployed so patients are getting the right response for their needs.

First contact paramedics

This year we were pleased to recruit additional First Contact Paramedics, who work in primary care alongside GPs and help manage routine or urgent appointments, telephone triage (assessment of urgency of illness or injury) and home visits. The first cohort of LAS staff have completed their first contact development programme and qualification, and we have committed to expand training posts in collaboration with GP practices.

Recruiting for the future

To keep pace with the increasing demand for our services, we launched our most ambitious recruitment programme in May 2022 and had recruited over 1,600 new employees by the end of March 2023. We are delighted and proud to have been able to recruit over 900 frontline ambulance staff and almost 400 call handling staff across our 999 and 111 services this year, as well as insourcing two key services, Make Ready – the team of staff who work around the clock to re-stock, re-fuel and deep clean ambulances at the end of a busy shift, and our Cleaning Services.

We have continued our focus on recruiting and training more clinicians, call handlers and dispatch staff for our emergency operations centres, ensuring patients waiting for an ambulance are kept as safe as possible and our sickest patients are prioritised. Looking ahead, we are planning to recruit over 1,400 frontline staff as part of our 2023-24 recruitment programme to meet levels of demand in London.

Making the most of our buildings and estates

Our estates vision details how we are working to transform our estate to better serve our patients and to improve our staff and volunteers' places of work.

The vision includes proposals to refurbish existing stations and build new ambulance stations in the parts of London where our estate is outdated and where sites need to be located to help us deliver the best response times for Londoners. By being smarter with how we plan and run our estate, we hope to use our space and time more efficiently, whether this is where our ambulance crews start and end their shifts or delivering state of the art training.

In 2022/2023 we began work to relocate our 111 call centre based in Croydon into a modern facility in the town centre which will have space for a third education centre, enabling us to have a training facility in south London to complement our existing centres in west London and east London. We also began looking at plans to convert our former emergency operations centre in Bow into a new ambulance station for the Tower Hamlets area. In addition, we opened a rebuilt ambulance station in Ponders End and further station refurbishments are planned for later this year.

Making our fleet greener

In 2022/23 we began rolling out new electric vehicles following the announcement of £16.6 million initial investment to purchase 225 new vehicles, including 40 new ambulances that are lighter and produce lower emissions than our current vehicles, as well as 42 electric fast response cars and three electric motorcycles.

The first of our 225 new greener vehicles are already in use, including all-electric motorbikes and fast response cars and lighter emergency ambulances. The Trust is the first service to use electric motorbikes to respond to emergency calls.

Later this year we are expecting to take delivery of the first of four fully electric ambulances in the country, alongside additional electric motorcycles. We now have enough greener ambulances and cars being manufactured for us that we will be fully compliant with ULEZ (Ultra Low Emission Zone) by the end of 2023. We will also be investing in charging infrastructure across our sites and ambulance stations, as well as recruiting new mechanics and upskilling current mechanics to help maintain its growing modern fleet, bringing the total investment in this area to more than £30 million.

Having cleaner and greener vehicles is extremely important in improving air quality – not just for our people and our patients – but also for the health of our communities across London. Furthermore, these modern vehicles will also have benefits for our crews and our patients, with features such as a powered lift for stretchers, and new decorations inside some of the ambulances to help soothe worried patients.

Risks and challenges to the service we provide

During 2022/23, we identified the following strategic risks:

Demand for services exceeding the available resources.

During the year we identified risks associated with increased demand and long handover times which led to delays in ambulances being dispatched, patients waiting too long for assistance and performance targets being missed. Throughout the financial year, we put a number of measures in place to help mitigate these risks, including working more closely with London hospitals to release our crews from handover queues as quickly as possible, changing our processes in order to reduce calls from Met police, and implementing alternative ways of assisting patients with more bespoke offers.

In the final quarter of this year (in the new calendar year), we began to see the impact of our ambitious recruitment plan, and were able to put an additional 30-40 ambulances on the road every day (this equates to 1000 hours of ambulance crew time). This has resulted in an improvement to our Category 1 and 2 response times.

Despite the improving picture, we continue to monitor and review any delays to patient care and patient handover at hospital. The Category 2 Performance Improvement Plan, which includes the national Category 2 segmentation pilot, continues to ensure patients are receiving the right care in the right place and allows us to dispatch crews to our sickest and most seriously injured patients as quickly as possible.

Continuing to deliver high-quality care to patients against the impact of COVID-19 and other infections, whilst maintaining the safety of staff and the public.

As a result of decreased infection rates and vaccination roll-out, there has been a marked reduction in demand as a result of COVID-19 during the course of this year. We have, however, seen demand spikes associated with other infections such as Streptococcus A, influenza and norovirus. Although we have maintained our infection control and prevention oversight to keep our patients and staff safe, the increase in wider infections was not unexpected given the lack of exposure over the past few years during lockdown and mandated mask wearing.

Continuing to deliver high-quality care to patients during a period of disruption to service due to industrial action as a result of the pay dispute between the unions and the government.

Following the ballots for national industrial action, a series of strikes took place leading to a reduction in workforce availability to respond to calls, provide health advice, dispatch ambulances and crew ambulances including specialist responders. We were supported by the wider NHS to ensure we could maintain a safe service and worked closely with our unions to agree a continuation of life and limb cover. We hope the dispute will be resolved by the government pay offer.

Challenge of recruiting and retaining a skilled workforce, maintaining the welfare of staff and promoting diversity.

Despite our successes in recruiting a record number of people, we have still carried vacancies throughout the year despite an ambitious recruitment programme. The Trust is mitigating this risk through a UK graduate recruitment programme, having an international recruitment partner in place, establishing recruitment and retention programmes and working with providers to ensure that the ambulance service remains the employer of choice for paramedics. In addition, where alternative healthcare professionals can undertake roles, we are welcoming colleagues from other professions to broaden our skill base.

The Trust has developed a wellbeing strategy in line with current government recommendations and guidance, which includes projects and programmes which aim to raise the health and wellbeing of our staff and, as a result, our organisation and our

patients. Our award-winning LAS Wellbeing Hub has also been set up to support staff (seven days a week) with both physical and mental health support.

Because the diversity of our staffing profile is not representative of London, our ability to deliver a more inclusive service may be diminished. Recruitment campaigns are not attracting diverse applicants in sufficient numbers, mainly caused by the fact the paramedic education courses and training (also known as a pipeline) lacks diversity. The Board has agreed an action plan and a committee charged with overseeing its implementation has been set up.

The potential for failure in IT systems and disruption through cyber-attacks.

Over the last three years the Trust has invested over £17 million in technology, not just refreshing hardware and software but also embarking on a massive improvement programme that has seen nearly all the Trust's operational and corporate IT infrastructure upgraded and moved to purpose-built data centres, improving the resilience of the technical infrastructure and establishing a technology foundation from which LAS can develop future digital products and services.

Cleric is now the Trust's computer-aided dispatch system, and with successful failover testing, we are making preparations to replace legacy radio and mobile data systems.

We have a programme to replace the existing Mobile Data Terminals (MDTs) in trust emergency vehicles – these data terminals communicate information between the computer-aided dispatch system to our ambulances. The national rollout of radio and mobile data systems to all Trusts has been delayed, but the Trust has a legacy system that is no longer available to purchase, and devices are reaching the end of their economic life. It is unlikely that the full national system will be available in time for this situation not to become a major issue for the Trust and therefore an interim system to bridge the period is a necessity.

We continue to mitigate this threat through technical solutions and utilising support from NHS England. The Trust will continue to address the ongoing challenges in mitigating these risks, for example, through the replacement of our computer-aided dispatch system to help mitigate cyber and resilience risk.

Performance analysis

We are absolutely committed to providing our patients with great care in a timely way, and work to a number of national standards in order to measure our performance.

Ambulance Response Programme

The Ambulance Response Programme sets the performance standards for all ambulance trusts in the UK, and uses the following definitions:

	Response	Target average response time
Category 1	An immediate response to a life-threatening condition, such as cardiac or respiratory arrest	7 minutes
Category 2	A serious condition, such as stroke or chest pain, which may require rapid assessment and/or urgent transport	18 minutes
Category 3	An urgent problem, such as an uncomplicated diabetic issue, which requires treatment and transport to an acute setting	2 hours
Category 4	A non-urgent problem, such as stable clinical cases, which requires transportation to a hospital ward or clinic	3 hours

How we performed

2022/23*		
	Response time	**Incidents (n)**
Category 1	00:08:08	139,125
Category 2	00:47:40	622,311
Category 3	01:41:03	181,276
Category 4	07:29:50	9,272

* 2022/23 Response Time Performance excludes Oct'22 and Nov'22 data. Please see the Annual Governance Statement for further explanation.

Responding to patients

The past year has been extremely challenging for our 111 and 999 services. We started the year at the most severe level of pressure for ambulance services, known as REAP (Resource Escalation Action Plan) level 4, coping with the ongoing effects of the COVID-19 pandemic before moving into a busy summer of major events, including millions of additional visitors to the capital for the Platinum Jubilee and, sadly, the death of Her Majesty The Queen.

During the summer months, we also experienced extreme weather, which had an impact on the health of the capital. As winter set in, like the majority of NHS services, we were under increased sustained pressure responding to the ongoing issue of COVID-19 and a surge in flu cases as well as the usual seasonal viral illnesses and an outbreak of Streptococcus A in children. We also had to contend with and plan for national ambulance service industrial action, experiencing four 12 hour periods of industrial action with 90% of our ambulance staff going on strike.

The implementation of Resource Escalation Action Plan (REAP) Level 4 was triggered during periods of sustained high demand. REAP 4 allows us to put increased focus on responding to and caring for patients by mobilising additional resource and working in different ways. Although it is only ever meant to be a temporary way of managing demand, sustained pressure meant we found ourselves spending protracted periods of the year operating at this level.

Demand increased further during two periods of unusually hot weather – the most severe being in July when we received 13,400 calls to 999 – this equates to

one call every 13 seconds. This busy period also saw wildfires on 19 July and a number of high-profile events across the capital, all of which saw us closely collaborating with our emergency service and local authority partners. Across the Platinum Jubilee weekend and Pride in London parade in July, our teams worked hard to ensure a smooth response to these important events as hundreds of thousands of visitors came to the capital.

As the nation paid their respects to Her Majesty The Queen, our staff and volunteers helped ensure Londoners got the care they needed over this historic occasion. With 250,000 people attending the Queen's lying-in-state and an estimated one million arriving for the funeral, the capital was very busy. We put plans in place to ensure we could provide the necessary care, including a daily surge of up to 300 additional staff across our 999 control rooms and teams on foot in crowded areas to manage the increased demand. More than 1,000 staff overall were involved in our response and colleagues from neighbouring ambulance services including, South Coast Ambulance Service were also involved in supporting the events and caring for the large crowds. The Service worked with St John Ambulance, treating more than 2,000 people who were in the city for the lying-in-state and the funeral, and taking 240 of them to hospital. Our teams across the capital also remained very busy, with the service taking around 5,500 999 calls each day.

Over a difficult winter period, we implemented a number of initiatives to make sure we were getting to people who needed us as quickly as possible. This then meant that we were able to maintain a good level of patient care despite the challenges of meeting performance targets against national standards. The response was led by our Deputy Chief Executives' team which ensured there was strong clinical and operational focus.

Handover delays at hospitals remained a significant challenge throughout the year, with our crews facing delays when handing over patient care to hospital emergency departments. In response, we implemented 'cohorting' care, where selected crews stay with a number of patients in emergency departments to free up colleagues to go back on the road. This helped to improve our Category 2 response time, and we ended the year with an average response time of 47 minutes (against the standard of 18 minutes). However, without cohorting in place, our Category 2 response would have been consistently above a mean of 90 minutes.

In early January 2023, NHS England asked London hospitals to support the timely handover of patient care and the release of our crews within a maximum of 45 minutes when it was safe and appropriate to do so. With support from the five Integrated Care Systems in the capital and all London hospital trusts, we began to see a significant improvement in handover delays and a reduction in the number of times cohorting was required at some hospitals.

Working in collaboration with our health and social care partners across London, we continued to innovate to manage patient care and reduce handover delays by setting up more alternative care pathways to ensure every patient received the right care in the right place. Based on the successes of schemes such as our mental health response cars, we launched an Urgent Community Response (UCR) car pilot in south west London with paramedics working with community nurses to care for elderly and frail patients in their homes rather than taking them to hospital in an ambulance.

Our teams and patients have also benefited from the Service being an early adopter of NHS England's Category 2 segmentation pilot, which sees our clinicians assessing appropriate calls to check whether these patients need to be prioritised for an ambulance or whether they could be treated more quickly elsewhere. This ensures that those who are most in need receive the fastest response. Out of the calls receiving this assessment, 40% of patients have been supported to access a more appropriate healthcare pathway or received self-care advice from one of our clinicians. The number of patients we can clinically assess will increase over time as we build up the team of senior clinicians able to undertake this work. The success of this pilot meant the measure has now been introduced to ambulance services across the country.

During the four periods of industrial action that directly involved our staff, the Service worked incredibly hard to provide a rapid response to patients in a life or limb threatening emergency. This was only possible due to the goodwill and help of senior clinicians from elsewhere in the NHS, the support of the military, London Fire Brigade, and the Metropolitan Police. We were also grateful for the support of the public who continued to use the 999 service wisely. Although we saw a reduction in demand on the first day of industrial action in December 2022, subsequent industrial action days saw an increase in numbers of calls and incidents on each occasion.

In our Emergency Operational Centres (EOC) teams of Emergency Call Handlers answer 999 calls and send our vehicles out across London to treat patients. Working in this environment is extremely demanding, and our teams coped well throughout the year to maintain patient and public confidence.

In June 2022 a purpose-built control room in Newham, east London, opened following a £9.6 million investment. The site handles half of the 999 calls that come into the Service from across the capital. The new EOC was set up to handle the new computer-aided dispatch system which we launched in September 2022 to allow for faster dispatch of ambulances and better integration with national systems and patient records, thereby ensuring an improved response for our patients. The introduction of this new computer-aided dispatch system allowed us to identify an issue with our previous outdated reporting system, which we worked hard to rectify quickly.

Within the EOC a group of clinicians work to provide a telephone assessment of patients to determine whether they require an emergency ambulance or can be treated over the phone or referred to another provider. Every call resolved by the clinical hub is one less call where an ambulance attendance is required which increases availability and therefore reduces delays to patients.

In the past year we continued recruiting additional clinicians, enabling us to respond to nearly 175,070 calls this way and treat our patients successfully and safely without the need to dispatch an ambulance. This was essential at times of extraordinary demand and equates to 15.0% of 999 calls. We have the highest 'hear and treat' rates among ambulance trusts in England and this is an area we will continue to develop with other health care providers to ensure prompt and efficient health care.

NHS 111

Measure	National target	2020/21	2021/22	2022/23
Total number of calls	-	1,639,087	2,224,565	2,192,104
Average calls per day	-	5,909	6,095	6,006
Calls answered within 60 seconds	95%	87%	71.7%	48%
Calls abandoned after 30 seconds	No more than 5%	2.7%	5.3%	16%
Calls referred to 999* **	<10%	8.1%	7.6%	6.8%

London Ambulance Service is one of the largest 111 providers in the country and is acknowledged as one of the best performing services for call answering, which allows patients to access urgent care advice. We now have coverage across London, which gives us the ability to manage the 111 workload coming into 999 more effectively. We continue to build a Clinical Assessment Service (CAS) with a large multi-disciplinary clinical workforce to assess and treat patients calling 111 or 999 to improve care and avoid sending an ambulance when appropriate.

In 2022/23 we answered 2,192,104 calls to 111, and our experts referred 6.8% of these calls to 999, well below the national average of 11%. Around 9.2% of 111 calls were referred to alternative care pathways.

Fortunately, the extreme levels of demand COVID-19 put on our 111 services have eased and our total number of calls in 22-23 was lower than the previous year. A successful media, social media and stakeholder campaign to raise awareness of the NHS 111 online service during periods of industrial action, also led to fewer calls.

However, the service continued to face many challenges which impacted our performance. In August, a month-long cyber attack resulted in a national outage of the software system we use to manage 111 calls. This meant clinical assessments, appointment bookings, emergency prescriptions and referrals had to be completed manually, adding considerable time to our call handling times.

Call answering was also affected by industrial action over the winter. Meanwhile an outbreak of Streptococcus A (strep A) over the same period led to a significant increase in call volume, similar to the sharp rise in demand we saw during the pandemic. To help manage demand and redirect patients to the most appropriate place for help NHS England activated a recorded message which contributed to an increase in our call abandonment rate. Unfortunately, the Strep A outbreak also caused high levels of sickness for our staff at this time which further challenged the service.

Patient care and quality

Maintaining of safety for our patients and people remains our top priority, and we continue to use well governed processes, including the dynamic use of our clinical escalation plans, to ensure the best possible outcome for all patients.

We are aware that during periods of sustained pressure that some of our patients waited for longer than the national standards for an ambulance, particularly those patients with non-life threatening conditions. We apologise to those people who waited longer than we would have wanted for an ambulance response and would like to assure people that we continued to take daily clinical safety reviews and ensure that there were clinicians working in our Emergency Operations Centres to increase clinical oversight. This meant that patients waiting for an ambulance could be continually monitored, treated over the phone or managed closer to home with a referral to appropriate community service. By providing high-quality clinical assessments for our patients who will be better treated closer to home, we continued to protect our response capacity for patients whose care needs required a physical attendance.

With multidisciplinary clinical assessment areas in both our 999 and 111 teams, patients can be triaged quickly and accurately to determine whether they require an emergency ambulance or can be treated over the phone or referred to another provider (such as a GP). Access to patient records, care plans and video consultation provides our clinicians with the information they need to support decision making in order to achieve the best outcomes for patients. The ability to e-prescribe and access to referrals and direct booking via the national directory of services enable us to provide the most appropriate care based on clinical need.

Despite the pressures on the Service, we made significant progress in delivering the ambitions of our Clinical Strategy (2016-2023) to ensure every patient receives the right care in the right place. A key focus has been aimed at reducing the number of patients who are conveyed to the emergency department who could have been cared for closer to home. This includes our work with Barts Health NHS Trust to provide access to remote telephone hub and 'virtual consulting rooms' known as the Remote Emergency Access Coordination Hub (REACH) which offers alternative emergency care provision for patients that have either been referred to attend the emergency department by the 111 Clinical Assessment Service or where a London Ambulance Service paramedic crew is intending to convey the patient to the emergency department. The average number of calls to REACH is 29 per day, with a conveyance rate of 21.7%.

Linking in with NHS England's national approach to reducing health inequalities, we have been working this year to better understand and identify the health and social inequalities that exist in London. We have been gathering data relating to gender, age and ethnicity, broken down by borough, to improve the identification of unrecognised hypertension, as well as continuing to improve the care we provide to our patients with sickle cell disease and identifying health inequalities within pre-hospital maternity care to improve clinical decision making and improve the patients' experience. We are now currently reviewing this data which will help to inform our new clinical strategy and a health inequalities action plan. Alongside data collection, we have been holding workshops and learning opportunities for staff to increase their awareness of how health inequalities can affect access and experience of patient care. Our maternity team held several workshops throughout the year so our frontline staff could learn more about the inequalities faced by black, Asian, deprived and vulnerable women, and the ways the Trust can improve care and safety for women and their babies. The conversations and learnings from these workshops have been captured and will be used to influence our maternity care in the future.

Whilst industrial action undoubtedly had an impact on the care delivered to patients, our contingency plans, such as the Clinical Safety Cell of senior clinicians (GPs, emergency department consultants and nurse specialists based in our call handling centres) supporting clinical telephone assessments helping to increase referrals to alternative care pathways, NHS clinicians on ambulances and the enhanced level of

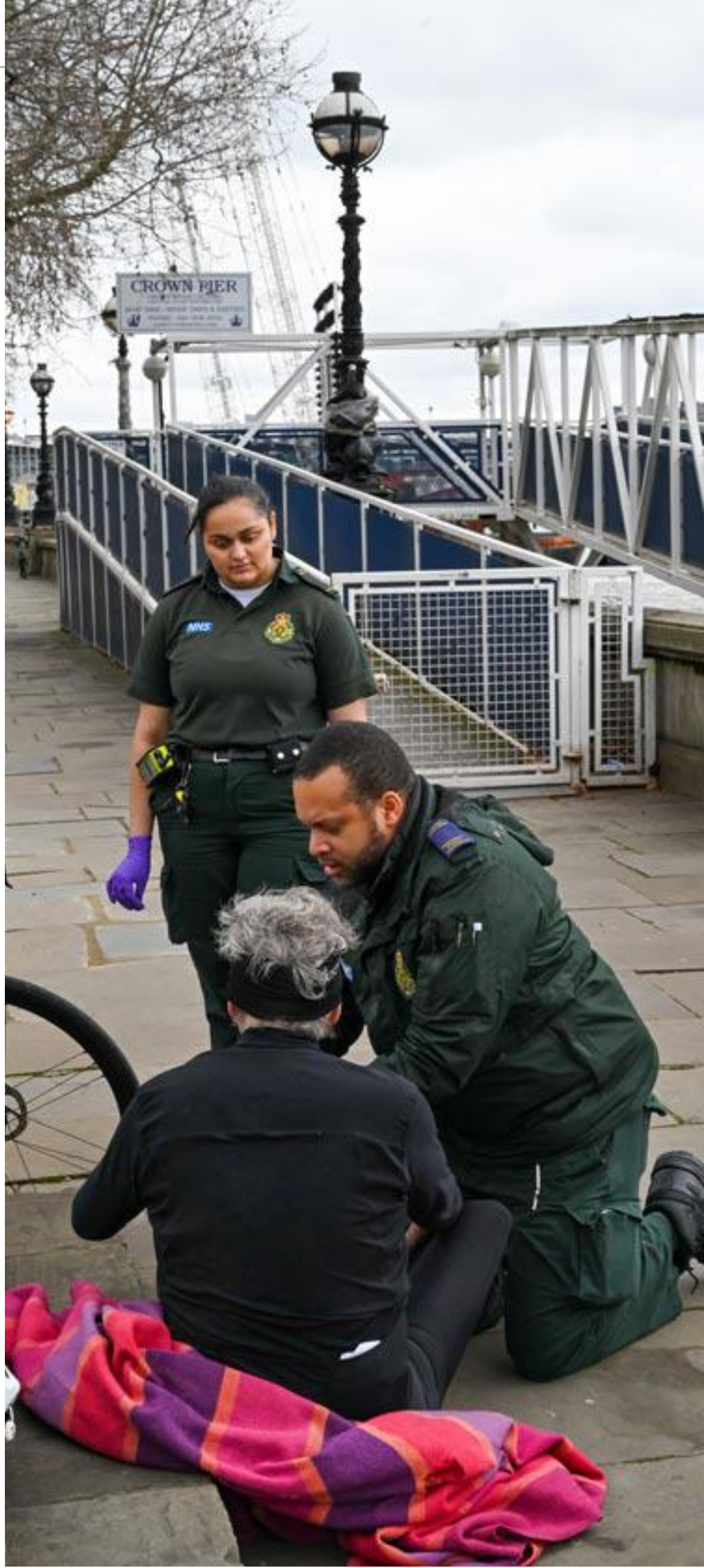
senior clinical oversight in all operational areas helped to keep patients from harm in very challenging circumstances. In total, we were supported by up to 22 external clinicians in the Clinical Safety Cell, 15 external clinicians on ambulances and 65 military personnel who were available for the period of each strike.

During the period of industrial action patients who required a face-to-face response were clinically assessed and assigned to an EMR 1 (meeting 'life or limb' derogation or a call clinically reviewed as immediately life-threatening, requiring the nearest suitable responding vehicle including a striking crew providing life and limb cover from a picket line) or EMR 2 (a call clinically reviewed as requiring a face-to-face response outside of derogations). Patients with conditions that did not require immediate attendance by an ambulance were either referred to alternative care pathways, transported by alternative means or given self-care advice.

The Clinical and Quality Directorates continued to undertake a daily review of the incidents reported to ensure any of note were escalated and there is early identification of themes and learning.

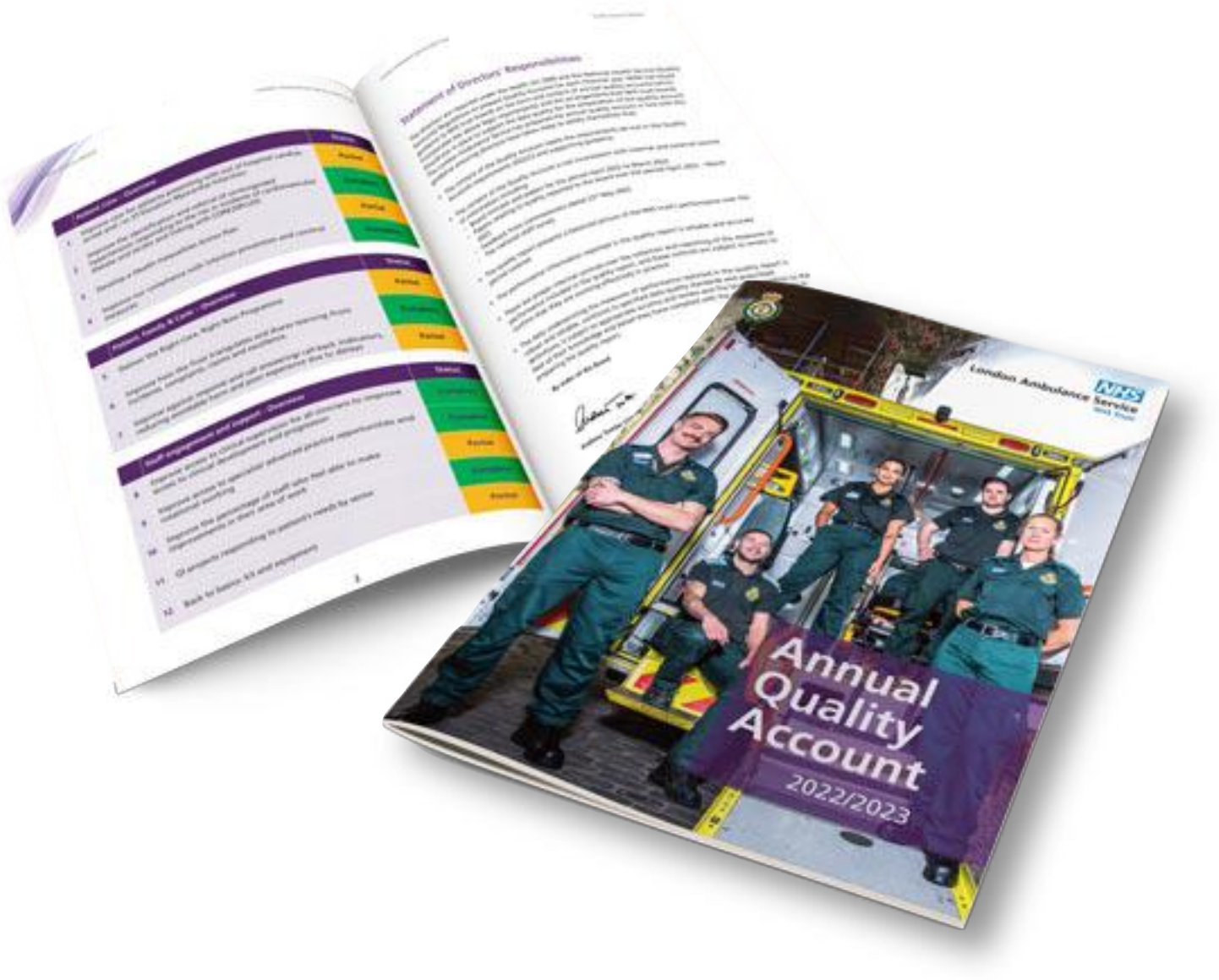
In the past year, as a result of sustained demand pressures, a number of potential harm incidents were reported by staff as a consequence of delayed responses. As an early adopter of the Patient Safety Incident Response Framework, the Trust was well placed to identify themes and drive changes in practice to prioritise patient safety.

Weekly meetings have also been held to discuss potential incidents led by the Chief Paramedic and Quality Officer and Chief Medical Officer.



Quality Account

Every year, the Trust sets specific quality priorities which are reported in the annual Quality Account. These priorities are identified in consultation with both internal and external stakeholders, including our Public and Patients Council, as well as sources of quality intelligence to ensure they are relevant and robust for the coming year. For the 2022/23 financial year, we set three themed quality priorities with 12 supporting objectives and associated Key Performance Indicators (KPIs). We have made progress against all priorities, completing six objectives in the year, with further work continuing on the remaining objectives going into the next financial year. Our progress is outlined in detail in our 2022/23 Quality Account.



	Patient Care – Overview	Status
1	Improve care for patients presenting with out of hospital cardiac arrest and / or ST-Elevation Myocardial Infarction	
2	Improve the identification and referral of unrecognised hypertension responding to the rise in incidents of cardiovascular disease and stroke and linking with Core20PLUS5 - an approach to reducing healthcare inequalities.	
3	Develop a Health Inequalities Action Plan	
4	Improve our compliance with infection prevention and control measures	

	Patient, Family & Carer – Overview	Status
5	Deliver the Right Care, Right Now Programme	
6	Improve how the Trust triangulates and shares learning from incidents, complaints, claims and excellence	
7	Improve against response and call answering/ call-back indicators, reducing avoidable harm and poor experience due to delays	

	Staff Engagement and Support – Overview	Status
8	Improve access to clinical supervision for all clinicians to improve access to clinical development and progression	
9	Improve access to specialist/ advanced practice opportunities and rotational working	
10	Improve the percentage of staff who feel able to make improvements in their area of work	
11	Quality Improvement projects responding to patient's needs by sector	
12	Back to basics: kit and equipment	

For the new financial year, we have identified five quality priorities. In identifying these priorities, we have considered:

1. Our progress against the 2022/23 quality priorities
2. Triangulation of data sources
3. The new Care Quality Commission (CQC) strategy and framework
4. Sources of quality intelligence and performance metrics, business plans and our strategic intentions
5. What matters to our staff, patients and the communities we serve

Our five priorities for 2023/24 are:

1. Cardiac arrest management
2. Care after a fall
3. Hear and treat consultations
4. Reducing delays
5. Infection Prevention and Control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MINIMUM CLEARANCE 3.5 METRES

Safeguarding

We have continued to maintain and improve our support to children and those at risk of abuse and neglect during the year. In 2022/23 our staff have raised the following number of safeguarding referrals and care concerns:

- Children 14,009
- Adult safeguarding 8,577
- Adult care concerns 10,416

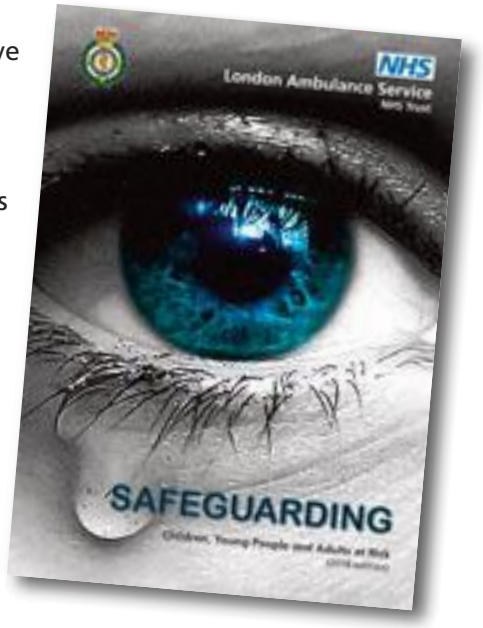
Safeguarding activity and compliance has continued to increase throughout the year with the addition of a new safeguarding specialist for our Integrated Urgent Care teams, ensuring all areas of the Trust have a named local contact for safeguarding.

We have continued to train our staff in safeguarding, which has included using e-learning and virtual training sessions delivered by our safeguarding specialist. We also provide bespoke Trust Board safeguarding training.

The Trust exceeded the 85% safeguarding training compliance in all areas except Level 2- which covers our call taking staff. A recovery plan was put in place in December 2022 to further improve Level 2 compliance and we are making good progress to achieve our 85% target.

Training	Trust-wide figures
Safeguarding Level 1	92.08%
Safeguarding Level 2	71.45%
Safeguarding Level 3	91.10%
Prevent level 1	91.70%
Prevent Level 2	91.12%
Mental Capacity Act	89.84%
Trust board training	100%

There have been 58 safeguarding issues raised for staff allegations this financial year of which 41 were related to sexual safety concerns and 30 of these were staff on staff related. Since the introduction of the Trust's Sexual Safety Charter in February 2022, there has been an increased awareness and subsequent increase in reporting the number of sexual safety allegations. The Charter sets out our commitment to make sure everyone behaves in a way that ensures sexual safety and shows our commitment to take any concerns raised seriously with empathy and understanding. A drive to improve education and communications on sexual safety amongst the Trust has been implemented along with updated and strengthened guidance relating to professional standards.



The Trust has undertaken considerable work and engagement with the learning disability and autistic community, establishing a Learning Disability and Autistic Patient and Public group which sits as a sub-group of the LAS Patient and Public Council. The group has recently produced a number of accessible and online digital resources for those with a learning disability and autistic people to help them understand what happens when they call an ambulance.

We submitted 73 reports to the Learning Disabilities Mortality Review (LeDeR) and as a result of the actions have delivered bespoke education and training to a range of staff groups.

The Trust undertakes Disclosure and Barring Checks on eligible staff and the Trust is 99.9% compliant with this. From 2023 the Trust is undertaking a full recheck and requiring staff to sign up to the update service to improve internal recruitment and DBS checking.

The Trust raises safeguarding concerns with the local authority for both children and adults at risk. In addition we also report fire safety concerns to the London Fire Brigade, concerns about radicalisation or extremism to the Metropolitan Police and concerns of involvement with gangs to Redthread, a charity that supports vulnerable young people in crisis and with complex needs.

We held our annual Safeguarding Conference in November titled 'Think Family' focusing on topics including domestic abuse, maternity safeguarding, online grooming and role of LeDeR reviews.

The safeguarding team have also met with Integrated Care System (ICS) chief nurses, safeguarding & quality colleagues to build productive relationships within the new safeguarding system.

Emergency preparedness resilience and response (EPRR)

The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. Under the Civil Contingencies Act (2004), NHS organisations and providers of NHS funded care must show that they can effectively respond to emergencies and business continuity incidents while maintaining services to patients.

The NHS England Core Standards for Emergency Preparedness, Resilience and Response are the minimum standards which NHS organisations and providers of NHS funded care must meet. The purpose of these standards are to:

- Enable health agencies across the country to share a common approach to EPRR;
- Allow coordination of EPRR activities according to the organisation's size and scope;
- Provide a consistent and cohesive framework for EPRR activities; and
- Inform the organisation's annual EPRR work programme.

The standards are reviewed and updated as lessons are identified from testing, national legislation and guidance changes and/or as part of the rolling NHS England governance programme. As part of the national EPRR assurance process we are required to assess ourselves against these core standards.

We submitted our self-assessment and evidential documents to NHS England in September 2022. The NHS England EPRR team visited our Headquarters on 15th November 2022 to conduct the annual assurance review, where they confirmed our compliance ratings against the EPRR core standards and the interoperable capabilities standards. Additionally, the team reviewed the Trust against the 2022 deep dive subject of Shelter and Evacuation.

Of the 2022 EPPR core standards, we are rated as fully compliant for all.

Of the 163 interoperable capabilities standards we were rated as follows:

We received a green rating for 157 standards and six received an amber rating, which gave us an overall rating of substantially complaint for the interoperable capabilities standards. The six interoperable capabilities standards amber ratings related to staffing numbers, data capture surrounding the dispatch timings of the Hazardous Area Response Team (HART) and the estate specifications of the Trust's specialist capabilities. Our key priorities were identified as carrying out further work in relation to these six standards, maintaining 2023 our current level of compliance and ensuring we update Trust documentation in line with the development of the ICSs. For the local evacuation and shelter arrangements Deep Dive the Trust received a full complaint rating.

The second Manchester Arena inquiry report was released on Thursday 3rd November 2022, detailing the findings and recommendations on the emergency response to the attack on the 22nd May 2017. The report detailed 149 recommendations in total, of which the inquiry team has identified the priority recommendations for monitoring. Whilst the Trust was not directly identified within the report, a full review was undertaken by the Trust to identify lessons, learning, and relevant actions. We continue to work with other blue light partners to address those recommendations relevant to London.

People

London Ambulance Service is a growing team of multi-skilled people, in a variety of roles, focused on a single, simple purpose: to save lives. We call ourselves a family: the family in green.

We have more people working for us than ever before. Our substantive employment headcount is 7,400 people. However, when you add our agency and bank staff, contractors, students and volunteers, we have over 10,000 people caring for Londoners.

On average, our staff stay working for us for eight years but more than a quarter of our team members – almost 2,000 members of staff – have worked for London Ambulance Service for more than 10 years.

Most of our workforce has contact with patients, including our ambulance crews and call handlers. However, it takes a whole team working behind the scenes to ensure all our patients get the right help at the right time.

Developing and managing talent

In support of the NHS People Plan and People Promise, we are developing a more resilient, flexible and sustainable service attracting people from diverse backgrounds to deliver our vision of being at the heart of urgent and emergency care in London, contributing towards Londoners having healthier outcomes.

We have supported the insourcing of two key services – Make Ready and Cleaning Services – which both play an integral part in ensuring our frontline crews, in particular, are ready for action and are enabled to work and rest in safe and comfortable environments.

It is essential people feel they can enjoy a meaningful career within London Ambulance Service. We are constantly looking at ways to attract, develop and retain high quality people.

We want to ensure we have a motivated workforce who are well-led and inspired by their line managers to reach their potential.

Our highlights from the past year include:

- We embedded a new set of values and behaviours for our teams through the Our LAS programme, as we focussed on making the Service an exceptional place to work.
- The introduction of teams-based working to improve the working environment and culture for ambulance crews so there is more meaningful contact with managers, new rotas that deliver a better work life balance and allocated time for professional development.
- The Service became an accredited London Living Wage employer as we welcomed our cleaning and Make Ready teams to the London Ambulance Service family.
- We celebrated the achievements of our exceptional staff and volunteers at our VIP Awards in City Hall.
- Our apprenticeship programme went from strength to strength, receiving recognition at multiple national awards ceremonies.
- The launch of the Our LAS, Our Leaders programme has seen more than 163 of our Band 6 and 7 members of staff beginning further training to develop their leadership skills.
- A new and simplified appraisal process has been implemented with associated training to encourage regular and effective conversations throughout the year between line managers and their team members.

Recruitment

The recruitment team continues to work with frontline and clinical education colleagues to deliver a strong pipeline of registered and non-registered staff and call handling colleagues.

Our biggest ever recruitment drive has seen us recruit 1,600 new starters since 1 April 2022, including teams we have bought in-house. This has meant we have been able to increase the number of ambulances on the road by up to 20 to 30 every day.

We have continued our focus on recruiting and training more clinicians, call handlers and dispatch staff for our emergency operations centres, ensuring patients waiting for an ambulance are kept as safe as possible and our sickest patients are prioritised.

We are proud to have been able to recruit over 750 frontline ambulance staff and almost 400 call handling staff across our 999 and 111 services this year. Looking ahead, we are hoping to recruit over 1,400 frontline staff as part of our 2023-24 recruitment programme to meet levels of demand in London.

Our focus on recruiting the best talent from around the world continued in 2022/23, with our recruitment teams leading campaigns to attract Australian and New Zealand paramedics to work in the British capital. These ambulance crews have similar skills and level of training to their counterparts in the UK, so make ideal additions to the Service. Of the 2,500 paramedics the Service employs, almost 500 are from Australia and New Zealand.

Each year the service recruits around 500 paramedics, half of whom are recruited through apprenticeships and paramedic science degrees in the UK and half recruited internationally and from other NHS organisations.

Apprenticeships

We have had 215 new apprenticeship starters in the last year. This includes 140 emergency medical technicians taking part in the Paramedic Degree Level 6 programme to become a registered paramedic, and 60 associate ambulance practitioners participating in our programme to progress towards becoming emergency medical technicians. In the last year, we reached a milestone of 1,000 apprenticeship starters since the introduction of the Apprenticeship Levy in 2017.

In partnership with the University of Cumbria, we continue to offer a range of apprenticeship opportunities to help individuals progress their careers. The Service has now finalised our frontline ambulance apprenticeship career pathway, enabling trainees to join London Ambulance Service without clinical experience or qualifications and progress via an apprenticeship to being a registered paramedic in four years.

London Ambulance Service was again named the top NHS employer for apprenticeships in the country in the Department for Education's Top 100 Apprenticeship Employers 2022. We were also named Apprentice Employer of the Year at The AAC Apprenticeship Awards and Apprenticeship Employer of the Year at the Mayor of London Adult Learning Awards. The Apprenticeship programmes had their first ever full inspection from Ofsted and received a successful outcome of 'Good' overall and in all graded areas.

Our teams in people and culture also won the award for Outstanding Initiative in Education or Employment in the East London Community Heroes Awards and a Recruitment Excellence Award at the National Apprenticeship Awards.

This recognition is a credit to the work done across our apprenticeship teams. We are very proud of our schemes and of all the people who pass through it to join our crews.

Retention

Our overall vacancy rate on 31 March 2023 was 5.6% and we have seen a fall in our turnover rate on the previous year. This positive progress follows a package of initiatives in recent years to improve our record on retention, which included providing extended periods of leave and travel loans for staff to visit families overseas following the COVID-19 pandemic, funding indefinite leave to remain and supporting staff to utilise the Government's automatic one-year visa extension. We have also launched our Workforce Retention Group which brings together colleagues from across the organisation to work on the issues which drive higher turnover of staff, including flexible working and recognition and reward. However, we recognise further action is still needed and we are focussing our efforts to ensure staff have access to a package of support and incentives to help them remain in the Service. In particular, we recognise and are working to address challenges around job satisfaction that were highlighted by teams during recent periods of industrial action.

As part of our efforts to help our staff build the skills they need to progress in their careers, we launched the Our LAS, Our Leaders programme, with 167 people enrolled by the end of the year. This programme gives our band 6 and 7 line managers a chance to develop their leadership skills through a NVQ level 6 course provided by Middlesex University, working in partnership with our Organisational Development and Talent team. Those taking part will complete eight modules covering topics including managing staff, building high-performing teams and overseeing budgets.

Additional education programmes we introduced included a new training package in our fleet workshops and fleet workforce in conjunction with the Henry Ford Training Academy. This programme means these team members receive the latest and most up-to-date training on modern day vehicles. This extra level of training has also allowed the banding of roles in this team to be re-evaluated and raised. The Service also introduced an NHS Master Technician position to make sure our technicians have an opportunity to develop their career with the Service.

Paying the Living Wage

"I am delighted that the London Ambulance Service NHS Trust has become a London Living Wage Employer. LAS staff work tirelessly to keep us all safe and it is only right that they are paid fair wage for their efforts."

In February 2023, London Ambulance Service became an accredited Living Wage employer meaning every member of our staff earns more than the Government's recommended minimum wage and will receive a minimum hourly rate of £11.95. Our staff are our biggest asset, so it is only right that we pay everyone the Living Wage.

We are now one of almost 11,000 organisations to have voluntarily raised salaries as part of this scheme and among only a few NHS Trusts in London who have achieved this accreditation.

The Service was able to achieve this after we bought in-house our 400 Make Ready staff – who work to re-stock and re-fuel ambulances before a shift – in April 2022 and the 90 members of our cleaning staff – who work in our headquarters, ambulance stations and other buildings - in February 2023. All of us at the Service were pleased to welcome these newest members of our green family.

Wellbeing

LAS Wellbeing

Over the past year our Wellbeing team has grown to 12 colleagues who oversee support services including the operation of our seven-day-a-week Wellbeing Hub, the management of our external occupational health contracts and our seasonal flu programme. Our Wellbeing Hub alone dealt with around 3,500 calls and 7,000 emails from colleagues in 2022/23, with wellbeing team members signposting colleagues to support in areas such as mental health, maternity services and financial advice.

The Wellbeing Hub also offers temporary employment opportunities for colleagues from other departments who are on restricted duties through injury or illness. These team members are trained to work in our Hub answering queries via phone or email, or on tea trucks or wellbeing cafes. More than 50 of these colleagues on restricted duties worked in the Hub in 2022/23.

In recognition of their outstanding work on our Wellbeing Hub, this year our Wellbeing team won the NHS Employers Award for Wellbeing at the Healthcare People Management Association Excellence in People Awards.

To further support the wellbeing of our teams, the Service's five wellbeing support vehicles – or 'tea trucks' - are continuing to visit hospital emergency departments around London to provide colleagues with peer support, a hot drink and a chance to talk through challenging issues. Staff at all of our contact centres are also continuing to benefit from Wellbeing Cafes, which allow team members to receive support while picking up a drink or snack.

To ensure wellbeing support runs throughout the Service, our Wellbeing Team delivers a range of training for managers across the Trust, meet staff at inductions, run support groups on menopause and for new international paramedics and work with local management teams on improving sickness and retention.

In the past year we have increased our mental health support offering, including the recruitment of a further 50 peer support workers who receive expert training from the LAS psychotherapist. We have also established a buddy scheme for our new international paramedics, introduced menopause training, improved our wellbeing rooms across the Trust, run workshops on nutrition and implemented regular visits from therapy dogs.

In recognition of the challenges many of us are facing around the cost of living, the London Ambulance Charity committed £25,000 to a hardship fund to provide grants for staff and volunteers who find themselves in financial difficulties. These grants are being administered by the UNISON welfare charity 'There for You'.

In March 2023, LAS launched teams-based working – a collaborative response to the desire of our staff and volunteers to improve their working life and the culture at the Service. The approach supports colleagues to improve their working environment through locally agreed plans that see teams and managers work the same shift patterns to ensure more meaningful contact, new rotas that deliver a better work life balance and allocated non-operational time to develop and grow as a team, as well as an end to the relief system. Our Oval Group was the first team to go live with the approach, with 99% of these staff pleased with the change. After the first two months, these members of staff at the Oval Group said they felt part of a team, morale had increased and access to their line manager was much easier, and staff sickness fell significantly.

To further support a positive working environment, members of the London Ambulance Service executive board have taken part in ongoing staff Sounding Board meetings which provide an opportunity for operational managers from across the capital to have an open conversation about what is working well, what hasn't been successful and their ideas for improvement.

Agreeing our values and set of behaviours

As part of our continued focus on making the Service an exceptional place to work, we collaborated with our staff and volunteers to deliver the Our LAS programme to create a culture at London Ambulance Service that works for everyone.

Created with the contributions of almost 2,000 team members, the programme includes a new set of values and behaviours for the organisation alongside commitments to sexual safety, reducing violence and aggression and promoting equality, diversity and inclusion.

Through the programme, London Ambulance Service teams agreed on three new values that should run through the heart of what we do: Caring, Respect and Teamwork.

These values are supported by a new set of behaviours to outline the standards we can expect from our colleagues, remind people of the types of behaviours we will not tolerate at work and provide guidance on how to challenge poor behaviour in a constructive way. These values are a representation of how teams in the Service want to work: together, putting Caring, Respect and Teamwork at the heart of all that we do for Londoners.

We are putting these values and behaviours into action at every opportunity, launching values-led recruitment, appraisal and talent development processes so that we can demonstrate our values, behaviours and expectations at every stage of people's careers. Together with our teams, we will make the Service somewhere where all of our staff and volunteers are able to be their very best, fulfil their potential and feel safe and supported.

Protecting our teams

Keeping our people safe will always be a priority for London Ambulance Service. Our members of staff and volunteers should never have to experience violence or aggression, but sadly – due to the behaviours of a small minority of patients and members of the public – these incidents remain unacceptably high.

In September 2022, we invested more than £3 million to fit 510 of our ambulances and 55 of our fast response cars with upgraded and comprehensive crew safety systems to deter violence and aggression against team and help secure a conviction in court should an assault occur. These measures are further supported by our continuing work to roll out body work cameras for our teams. The Service is continuing to work with the police to increase convictions for hate crimes, which include people using racist or homophobic language when speaking to our call handlers.

We have recruited a dedicated Violence Reduction Manager, who is working closely with the police to ensure staff and volunteers get help and support and information when cases go to court.

London Ambulance Service is working hard to address violence and aggression experienced by staff while trying to do their jobs and to bring down the number of incidents and secure the toughest possible convictions for those who commit them.

This year, one of our paramedics Charlotte bravely spoke out about her experience of being sexually assaulted by a patient in the hope it would encourage others to seek justice. The Mayor of London Sadiq Khan wrote to Charlotte in February to thank her for her courage in sharing her story.

Our dedicated Violence Reduction Officers support our staff and volunteers such as Charlotte who report incidents of abuse and guide them through the court process.

We continue to work with the other Ambulance Trusts, through Association of Ambulance Chief Executive's national campaign #WorkWithoutFear, which seeks to cut the number of verbal and physical attacks on ambulance staff.

Staff networks

LAS CONNECT

To support and champion equality, diversity and inclusion across our Service we have five staff networks – LGBT, B-ME, Christian Ambulance Association, EnAbled and the Women's Network. The networks support our staff and volunteers, while challenging us as an organisation to create a more inclusive place to work.

Freedom To Speak Up

Freedom to Speak Up

Our Freedom to Speak Up (FTSU) Guardian and ambassadors continue to support our colleagues to feel safe to speak up should they have a concern. The following objectives have been put together to ensure this happens:

- Ensure there are fair and inclusive processes in place
- Listen to diverse groups across the Trust, as well as our staff networks
- Embed FTSU in everyday practice and promote a "speak up" culture
- Respond to and influence the changing landscape of the Trust's culture
- Use data and intelligence to inform our decisions
- Regularly seek feedback and learn from it

Recognition

It is important that we recognise the incredible work done by our staff and volunteers, so we were very pleased to be able to take time to celebrate our teams at our VIP Awards 2022 at City Hall in October. We are very proud of all the individuals who won an award, as well as those who were highly commended. The Mayor of London Sadiq Khan and our sponsor Assembly Member Caroline Pidgeon MBE were both able to join us on the night to join the celebrations. You will have seen pictures from key award and recognition ceremonies throughout the year at the start of this annual report.

Equality, diversity and inclusion

We understand that actively promoting equality and inclusivity among our organisation is an important part of making the Trust a great place to work. We strive to ensure equal and fair access to our services for all our patients and their families. We recognise our responsibility to eliminate discrimination and harassment while supporting and empowering all our people.

We are working towards ensuring our workforce better reflects the diversity of the population it serves in London. We end 2022/23 having recruited more than 400 black, minority ethnic (BME) staff, representing over 32% of all our new starters. We now have more than 1,580 BME staff which is 21% of our total workforce. There is still more to do to increase these numbers and we will continue to put time effort and attention into this work.

Our 2022 Workforce Race Equality Standard (WRES) report shows that we have made progress in metrics looking at experiences of bullying, harassment and abuse from patients, managers and colleagues and for belief that the Service provides equal opportunities for career progression and promotion. However, we have more to do to improve the experiences of colleagues from Black, Asian and Minority Ethnic backgrounds, especially around recruitment and disciplinaries.

We launched our See ME First campaign in October 2022, giving our staff and volunteers the opportunity to pledge to visibly show a commitment to race equity and speak up if they see or experience discrimination of any kind. This commitment makes clear we are an open, non-judgemental NHS organisation that treats all black, Asian and minority ethnic staff with dignity and respect.

Our 2022 Workforce Disability Equality Standard (WDES) shows improvements in terms of bullying, harassment and abuse from patients, managers and colleagues, and experience of feeling pressure from a manager to come to work when not feeling well enough. We need to address issues with how colleagues with a disability feel less engaged and less valued by the organisation.

The report also shows we have more to do to respond to requests for reasonable adjustments. In order to address this, we have worked with our partners at the Business Disability Forum to host Disability Confidence workshops, with some aimed at People and Culture colleagues, and some for a more general audience. These engaging sessions increase awareness of the issues facing colleagues with a disability and highlight the responsibilities employers have when requests for adjustments are made.

In December 2022, our B-ME staff network met NHS England's Chair Richard Meddings and Chief Strategy Officer Chris Hopson to share their lived experiences of the workplace. With the guidance of our staff, we will continue to listen, learn and improve the plans we already have in place for taking meaningful steps towards becoming a truly anti-racist, equal and inclusive organisation.

To make sure we are treating people equitably, and providing the same opportunities across our diverse teams, our People and Culture Team has reviewed and updated our recruitment and development processes. As a result, in the last 18 months, we have seen more people from diverse backgrounds in visible clinical roles.

We have also worked hard to increase gender diversity, with 50% of our workforce and 40% of our senior leadership team being female. Following a targeted recruitment drive in our Hazardous Area Response Team, in the last year we doubled the number of women working in the team to 22 out of 98 members of staff.

Volunteers

Our volunteers continue to play a vital role at LAS. We have always hugely valued their commitment to supporting our services and time they dedicate to helping the public. In the last year, they gifted a remarkable 30,000 hours of their time to assist the Service.

Our emergency responders and community first responders have continued to provide outstanding support to LAS teams across London, responding to 999 calls alongside paramedics on ambulances, aiding in our response to members of the public who have had a fall, and providing invaluable assistance at events and training exercises.

Proving the importance of the role our volunteers play, our emergency responders and community first responders were first on the scene at almost 6,000 incidents across London in the last 12 months.

More than 200 of our volunteers who work alongside paramedics and other staff were presented with the Team of the Year award by the Association of Ambulance Chief Executives at the Ambulance Leadership Forum in 2022. At the same ceremony, our emergency responders were presented with the Outstanding Service Award in recognition of all the work they undertook during the COVID-19 pandemic.

We continue to expand our roster of volunteers, with successful recruitment campaigns over 2022/23 that will continue to benefit the Service for years to come. We have recruited 36 emergency responders in the last year, while filling training courses to deliver an additional 60 responders in the future.

Staff and volunteer engagement and communication

Our Communications Team use a number of channels to share important information with our staff and volunteers quickly and effectively. This year they have launched a new version of our intranet 'The Pulse', which has supported our teams to access information and share updates more easily.

Our flagship internal communication tool remains LAS Live: a weekly question and answer session with our Chief Executive and other senior executives. It is broadcast live and recordings are made available for staff and volunteers to watch later on demand, this platform enabled us to keep everyone up to date with the latest information while being able to address any questions or concerns with transparency and openness.

The national NHS Staff Survey results allowed us to look at what we do well compared to other NHS workplaces and where we need to improve. We had 63% of our staff complete the survey, the highest return rate of any ambulance service and the highest ever number of responses for the Service. In comparison to our results last year against the seven NHS People Promise topics and the themes of engagement and morale, we significantly improved in three areas – being a learning organisation, health and wellbeing and morale - and only deteriorated in the question relating to pay and rewards. The results and responses have been analysed to ensure staff experience drives the improvements we are making at London Ambulance Service.

Partners

By working together with our partners across health and social care, we can provide our patients with the best possible care.

We will continue to engage with patient groups, stakeholders, wider system partners and emergency service colleagues to build on our successes and ensure our communities are empowered to help shape the future of their health services.

Working with communities

The people who we care for – and their families – are at the heart of everything we do. By listening to patients and the public we can improve patient safety, patient experience and health outcomes.

A key focus of patient and public engagement this year focused on ensuring that patients and the public were involved in the development of our new Trust strategy, which will describe the organisation's vision and goals for the next five years. We worked closely with 26 Healthwatches who used their experience and knowledge amongst local communities to engage on our behalf so we were able to hear from a number of diverse communities and engaged voices that may not have otherwise been heard.

Our Public Education Team attended 519 events in 2022/23. The team visits hundreds of schools, community groups and organisations every year and talk to thousands of people about what happens when you dial 999 and what to do in a medical emergency. The team focus mostly on activities involving children and young people, such as awareness sessions on the dangers of using alcohol and other legal highs, the grim reality of carrying knives and careers in London Ambulance Service. Many of these are carried out with partner organisations. We also use these opportunities to teach CPR and other life-saving skills.

As a pan-London service we are in a unique position to work with patients and members of the public from many different areas and backgrounds. The LAS Public and Patients Council (LASPPC) brings together a wide range of patients and public representatives across London.

The council, which is co-chaired by Dame Christine Beasley and Michael Bryan, meets at regular intervals to give feedback on the care we provide and to help shape the way care is delivered. Members provide a voice for patients, the public and carers in the design, development and delivery of Trust's service.

Our Trust Board meetings are held in public and regularly hear a patient story, usually told directly by the patient involved. This helps to ensure patients feel heard by the organisation and provides an opportunity for Board members to hear about patients' experiences first-hand and for these experiences to provide learning for colleagues across the Service.

Working with our NHS partners

As an integral part of the NHS in London, a key part of our work focuses on how we bring different parts of the health and care system together to keep as many people as possible at home safely and well cared for rather than taking them to hospital. Therefore, we work closely with our NHS partners in NHS England, Integrated Care Systems (ICSs), hospital and specialist trusts to develop and make more use of appropriate care pathways that often offer our patients better, quicker, and more appropriate care.

Collaboration with our NHS partners has been enabled by the expansion of specialist skills of our paramedics and clinical teams, helping us to bring about improvements for our patients. For example, working with five urgent community response providers in south west London to pilot community response cars.

We are grateful to North West London Integrated Care System (ICS) for their continued support as our lead ICS, recognising the particular challenges we face as the only NHS trust to cover the whole of London.

Our strong relationships with all five ICSs have helped us to manage sustained surges in demand for our services and enabled us to redirect urgent and emergency care activity across the capital. Working in partnership across the capital has helped to reduce the

risk of parts of the London health and care system being overwhelmed. We also worked closely with Integrated Care Boards (ICBs) on seeking their views and using their local system expertise to help shape and develop our new trust strategy 2023-2028.

As part of our winter planning, we worked with the ICSs and NHS hospitals across the capital to reduce the waiting times for our ambulance crews and our patients.

During the industrial action we worked with our partners in NHS trusts to ensure patient handover delays at emergency departments were kept to a minimum and received help from all ICSs in London to provide clinical expertise which proved to be vital in maintaining our services.

Working with emergency services colleagues

Collaboration with our emergency service colleagues in the Metropolitan Police and London Fire Brigade allows us to provide the best possible care for the people who need us.

Our control rooms have long-established links with those of the Metropolitan Police, through which we share around 800 messages a day to ensure we are together providing the best care for people in London. This relationship has required significant collaboration and trust between all partners involved.

We are currently developing our new estates strategy and anticipate that we will hold discussions with the London Fire Brigade on the potential for cohabiting our ambulance stations with their sites.

Our Tactical Response Unit has an ongoing collaborative role with the Metropolitan Police, working with officers to provide medical care to individuals involved in police operations, providing support on complex pre-planned police responses and working as part of responses to situations such as terrorist attacks.

With the continued roll out of body worn cameras and our commitment to cutting the number of assaults on our staff and volunteers, we have also been working with the police to develop our violence reduction processes. We are sharing learning and best practice to ensure our people get the justice and support they need.

During periods of industrial action, the Trust received support from the military, who volunteered to drive ambulances alongside our LAS and expert clinicians who provided care to patients. These were operated from Wellington Barracks and provided around an additional 35 ambulances each strike day.

Working with Mayor of London and Greater London Authority (GLA)

We have a close working relationship with the Mayor's Office and the Greater London Authority. We continue to work with the London Situational Awareness Team, which provides the Mayor's Office and London Assembly Members with accurate and timely information on our performance.

We also regularly engage with the Mayor on many topics including the actions we are taking to improve our environmental impact, with our work to become the NHS Trust with the most electric and low-emission vehicles receiving significant support from the Mayor. Recently the Mayor has supported our London Lifesavers campaign to train 100,000 Londoners to learn CPR and defibrillation skills.

In 2022/23, we worked closely with the London Assembly Health Committee on developing our new trust strategy. They supported our programme of public and patient engagement by issuing a 'call for evidence' asking Londoners for their views on the Service and paid visit to our emergency operations centre in Newham and Dockside Education Centre so they could learn more about our work and the approaches we are taking to meet demand. Following the visit and the findings from the call for evidence, the Committee wrote to the LAS with six recommendations which asked for targets and commitments around public awareness and education activities, improving the diversity of our workforce, working with the wider public health system to improve the health of Londoners and working with the Mayor on greening the LAS estate. We have agreed to keep the Committee updated on our actions in response to the recommendations and our progress in implementing the new strategy.

Our charity and charitable partners

This year, we continued to establish and build the profile of our very own charity – the London Ambulance Charity.

The Charity has a cash balance of £1.1 million as of 31 March 2023, £0.6 million of which can be attributed to the unspent element of the NHS Charities Together grant. Spend for the year totals £0.1 million and income £0.4 million (leaving a net asset increase of £0.3 million).

Looking outside of our own charity scope, we value our partnership with London's Air Ambulance Charity (LAAC). We provide paramedics to respond to life-or-death emergencies by helicopter and by car. Every day one of our paramedics works alongside a doctor as part of the London's Air Ambulance service to treat patients, while a second paramedic is in our 999 control room deciding which calls might need this advanced trauma team.

Additionally, we support the charity by providing our clinicians to work alongside an emergency medicine doctor on the Physician Response Unit. The team carries advanced medication, equipment and treatments usually only found in hospitals, which means patients can be treated in their homes rather than being taken to an emergency department.

We also work closely with St John Ambulance, often to plan and prepare for large public events, with our partnership strengthening during the pandemic.

We are extremely grateful to NHS Charities Together for the support they have given us, including funding to increase the number of Emergency Responder volunteers that support the frontline.

As well as our long-established relationships with charities, we are developing new ones to share best practice as we aim to boost our own charity and volunteering programme.

Anti-bribery and anti-slavery statement

The Trust does not tolerate any form of fraud, bribery or corruption by its employees, partners or third parties acting on its behalf. We investigate allegations fully and apply sanctions to those found to have committed a fraud, bribery or corruption offence.

The Trust contracted its internal audit provider to provide its local counter-fraud specialist (LCFS) services in accordance with Secretary of State Directions. The Board's Audit and Risk Committee formally approves the counter-fraud annual work plan and progress reports are provided to the committee at each of its meetings.

The Modern Slavery Act 2015 introduced changes in UK law focused on increasing transparency in supply chains, to ensure they are free from modern slavery (that is, slavery, servitude, forced and compulsory labour and human trafficking).

The Trust fully supports the government's objectives to eradicate modern slavery and human trafficking and encourages its staff to pursue training, such as the one developed by Health Education England to train NHS staff, and direct its staff to further resources available.

Public Value

The Trust delivered a year-end surplus of £0.1 million after adjustments for impairments, donations and centrally allocated stock. The Trust's total income was £646.2 million, which was an increase of £43.1 million (7.1%) on the prior year, as shown in the table below.

The Trust also invested £40.7 million in maintaining and updating the Trust's capital and leased assets (£7.0 million of leased capital costs are included following introduction of new accounting standard on 1 April 2022 - IFRS 16).

Finances	2022/23	2021/22	2020/21
Total Income (million)	£646.2	£603.1	£570.3
Year end surplus (million)	£0.1	£0.7	£2.6

Investment	2022/23	2021/22	2020/21
Capital expenditure and leases (million)	£40.7	£44.9	£40.0

Throughout the year we have continued to focus on maximising available resources to provide the best possible value for the public, who ultimately fund London Ambulance Service. The Trust delivered a small surplus (£0.1 million) and achieved the control total agreed with North West London Integrated Care System.

The Statement of Comprehensive Income (SOCI) in the financial statements showed that the Trust reported a deficit of £6.7 million. However, the NHS financial performance regime allows for a number of adjustments to be made so that financial performance during the year can be assessed more accurately. The Trust's financial performance is therefore measured following these adjustments- the Trust delivered a £0.1 million surplus, as measured against the NHS performance targets.

The table below shows the movements from a deficit of £6.7 million to a surplus of £0.1 million.

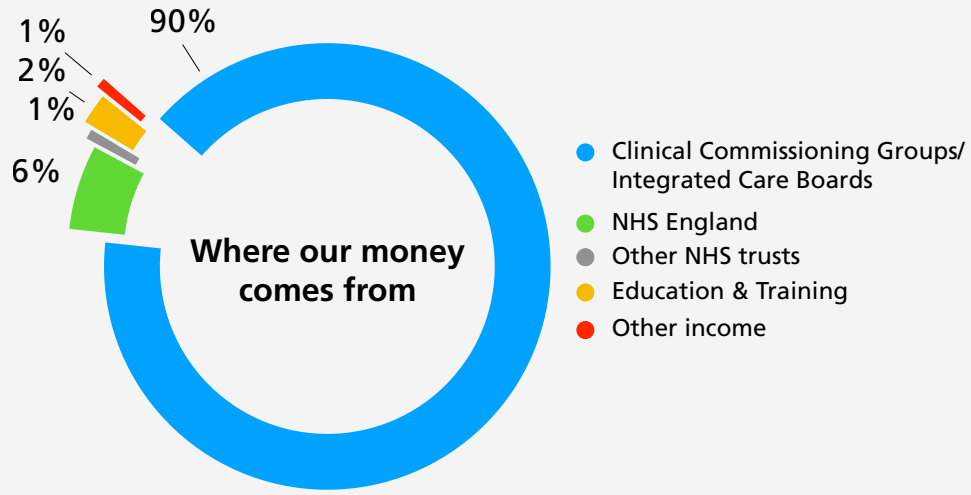
	2022/23 £'m
Account in deficit for 2022/23	**(6.7)**
Add back AME impairments charched to expenditure	**6.4**
Remove capital donations	**(0.1)**
Remove net impact of DHSC centrally procured inventories	**0.5**
Year end surplus	**0.1**

Where our money comes from

Following the suspension of normal contracting rules during the COVID-19 pandemic, in 2022/23 the Trust was operating under a post-Covid financial regime that required contracts to be agreed between providers and commissioners. The Trust agreed contracts with all of our commissioners, covering patient care, education and non-NHS commercial income. The Trust's largest contract, covering 81% of the total income was a block contract with the five London Integrated Care Systems for the provision of 999 patient care services. The Trust's remaining contracts were a variable income contracts including provision of 111 services, education, contracts with Primary Care Networks for provision of paramedic services.

The total income received by the Trust during 22/23 was £646.2 million of which £631.8 million was for provision of patient care and £14.4 million for non-patient care, majority of which is made up of training and education and facilities income.

Patient Care Income from Clinical Commissioning Groups/Integrated Care Boards was £585.1 million and from NHS England was £39.8 million. A further £1.8 million patient care income was received from other NHS trusts and £5.1 million was received from other non NHS sources.



What we spend our money on

The highest proportion of the Trust expenditure (71%) is spent on staff costs in order to enable the Trust to deploy services and provide the highest quality of patient care.

Supplies for clinical and general services account for a further 12% of the total expenditure, reflecting the Trust's focus on delivering patient care.

Capital expenditure

During 2022/23 London Ambulance Service spent £40.7 million on capital expenditure in the following areas:

- £19.2 million on increasing and modernising its fleet to replace ageing vehicle, and meet low-emission targets and improving crew safety systems.
- £10.0m on estates modernisation including consolidating its training estate, improving its logistics support capability, improving medicines management.
- £4.5 million on digital programmes including implementing a new Computer-Aided Dispatch system.
- £7.0 million on capital value of leases, in line with new reporting guidelines which came into effect for 2022/23.

Improving value for money

During 2022/23 the Trust continued to focus on improving value for money to the public and saved £24.8 million through a number of schemes including improving our productivity through decrease of sickness levels, improved supply chain management and reducing overhead costs.

External Auditors

The Trust's external auditor is KPMG for 2022/23. The cost of the auditor's statutory work for 2022/23 was £97k (£97k in 2021/22 for Ernst & Young) which included the auditing of the annual accounts and this annual report.

Key financial targets for 2022/23

Target	2022/23 Performance	Target met	2021/22 Performance	Target met
Achieve the Financial Performance total set by NHS England	The Trust reported a surplus of £0.1 million	Yes	The Trust reported a surplus of £0.7 million	Yes
Do not overshoot the External Finance Limit (EFL)	The Trust stayed within its EFL Limit	Yes	The Trust stayed within its EFL Limit	Yes
Do not overshoot the Capital Resource Limit (CRL)	The Trust stayed within its CRL limit	Yes	The Trust stayed within its CRL limit	Yes
Meet the capital cost absorption rate (CCAR) of 3.5% of net assets	The Trust kept within the 3.5% CCAR , resulting in dividends of £4.4 million	Yes	The Trust kept within the 3.5% CCAR resulting in dividends of £4.9 million	Yes
Meet the requirement of the Public Sector Payment Policy to settle creditors within 30 days	The Trust scored very close to the 95% Target 93.59% on value and 90.31% on volume	No	The Trust scored very close to the 95% Target 95.5% on value and 92.67% on volume	No

Looking forward to 2023/24

A capital plan of £27.6 million has been finalised for next year. A high proportion of this programme is committed to updating the Trust's ambulance fleet with a planned investment of £15 million during next financial year.

The Trust has agreed a balanced income and expenditure plan with North West London Integrated Care System for 2023/24. As part of this, the Trust has planned for a revenue savings programme of £25.0 million for 2023/24 to ensure we continue to deliver value and provide the maximum level of patient care for the resources we receive.

In order to ensure the maintenance of an appropriate control environment, the Trust's Standing Financial Instructions and Scheme of Delegation remained in place throughout 2022/23 to ensure that appropriate oversight and assurance was maintained, whilst recognising the significant operational pressures facing the Trust. These were updated to reflect the changes in senior structure. The revisions were approved by the Audit Committee on behalf of the Board in February 2023.

London Ambulance Service Charitable fund

The LAS Charitable Fund continues to develop and grow, with an income of £0.4 million.

Following increased engagement, we have expanded our fundraising activities to include events and special campaigns. Diversifying our fundraised income streams will help to build capacity, support our frontline workforce with wellbeing initiatives, and promote innovation, transformation and efficient new ways of working.

We are extremely grateful to NHS Charities Together for their continued support. We have received a further £0.1 million to develop the charity's resource as well as increase the number of Emergency Responder volunteers that support the frontline.

The charity raised a further £0.3 million through donations and legacies, including gifts from corporate partnerships with London Market Forums and Halfords. Additionally, funds were raised through sponsorships of individuals running the 2022 London Marathon and taking on the Outrun An Ambulance Challenge for the Charity.

26 grants were approved totaling more than £15,000 for projects specifically requested by staff to improve their working environments. A further £84,000 was spent on large-scale projects that benefit the welfare and wellbeing of our staff and volunteers.

We continue to deliver the objectives of the charity's five-year strategy supporting the wider Trust objectives and to drive the charity to reach its full potential. Year one of the strategy included creating a working infrastructure, brand and working title. The completion of these activities have placed the Charity in a strong position to promote and spread awareness of charity activities, as well as document and track communications with supporters.

The charity looks to embark on 2023/2024 with the launch of its own website, expansion of the charity team and diversifying income streams through focused fundraising activity, including the hosting of its first ever Charity Event.

Income levels will continue to surpass those of pre-pandemic levels and focus on unrestricted income streams which deliver most flexibility to the charity and its beneficiaries

‘Going Concern Disclosure’

Our full accounts, presented at the end of this report, have been prepared in accordance with the directions made under the National Health Service Act 2006 and NHS England, the Independent Regulator of NHS Trusts. The Chief Financial Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view in accordance with the Department of Health Group Accounting Manual 2022/23. After making enquires, the Chief Financial Officer has a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future and this has been tested using unmitigated and mitigated downside scenarios. For this reason the Trust continues to adopt the ‘Going Concern’ principle in preparing the annual accounts and annual report. The CFO considers the annual report and accounts, taken as a whole, are fair, balanced and understandable and provide the information necessary for patients, regulators and other stakeholders to assess the Trust’s performance and strategy.

Accountable Officer:

Daniel Elkeles, Chief Executive
Organisation: London Ambulance Service NHS Trust

2. Accountability Report

Corporate Governance Report

1. Directors' Report

	Name	From	Until
(Board members) Non-Executive Directors			
Chair	Heather Lawrence	01/04/2016	30/06/2022
Chair	Andy Trotter	01/07/2022	30/06/2026
Non-Executive Director	Karim Brohi	01/03/2019	28/02/2025
Non-Executive Director	Sheila Doyle	06/02/2017	05/02/2025
Non-Executive Director	Amit Khutti	01/01/2018	29/02/2024
Non-Executive Director	Rommel Pereira	01/02/2020	31/01/2024
Non-Executive Director	Mark Spencer	01/03/2019	28/02/2025
Non-Executive Director	Anne Rainsberry	01/05/2021	30/04/2025
Non-Executive Director	Robert Alexander	01/09/2021	31/08/2023
(Board members) Executive Directors			
Chief Executive	Daniel Elkeles	16/08/2021	Present
Deputy Chief Executive and Chief Paramedic and Quality Officer	Dr John Martin	01/03/2021	Present
Deputy Chief Executive and Chief Medical Officer	Dr Fenella Wrigley	01/03/2016	Present
Chief Finance Officer	Rakesh Patel	01/12/2021	Present
Director of People and Culture	Damian McGuinness	14/06/2021	Present
Directors			
Director of Communications and Engagement	Antony Tiernan	20/08/2019	Present
Director of Corporate Affairs	Mark Easton	04/01/2022	Present
Director of Strategy and Transformation	Roger Davidson	31/01/2022	Present

1.2 Composition of the Board of Directors

Our Trust Board is made up of 13 members — our Chair, seven non-executive directors and five executive directors (including our Chief Executive).

The Chief Executive and other executive directors are appointed through a process of open advertising and formal selection interview. Non-executive directors are appointed by the same method but through NHS England. All executive appointments are permanent and subject to normal terms and conditions of employment.

Name	Role	Description of Interest	Relevant Date - From	Relevant Date - To	Comments
Andrew Trotter	Chair	Chair, Oxleas NHS Foundation Trust	01/09/15	Present	
		Member of the Home office Independent Advisory Group on Emergency Services communication network, Home Office, HM Government. January 2018, ongoing	01/01/18	Present	
Heather Lawrence	Chair	Non-Executive Director, Royal Marsden Trust Board	Jul-16	Present	
		Trustee, British Renal Society now UKKA	May-11	Present	
		Chair, NRC Medical Experts	April-21	Present	
Robert Alexander	Non-Executive Director	Trustee of Charity, Demelza Childrens Hospice		Present	
		Non-Executive Director and Advisory Roles, Imperial College Healthcare NHS Trust, CHP Ltd, CIPFA, CHKS Ltd	Various	Present	
		Non-Executive Director, London North West University Healthcare NHS Trust		Present	
Rommel Pereira	Non-Executive Director	Non-Executive Board Member and Chair, Audit & Risk Committee, The National Archives	01/05/2021	30/04/2024	
		Non-Executive Director and Chair, Audit and Risk Committee and Deputy Chair, Homerton Healthcare NHS Foundation Trust	01/06/2019	31/05/2023	
		Non-Executive Director and Chair, Audit & Risk Committee, One Housing Group	21/09/2019	30/11/2021	
		Non-Executive Director and Chair, Group Audit Committee, The Riverside Group	1/12/2021	19/04/2023	
		Non-Executive Director Board Member, NHS Supply Chain	06/01/2023	Present	
Anne Rainsberry	Non-Executive Director	Advisor, Health Tech Partners	01/05/2021	Present	
		Advisor, Carnal Farrar	01/04/2021	Present	
		Director, What if Consult Ltd	01/01/2021	Present	Provision of executive coaching and board development
Sheila Doyle	Non-Executive Director	Employee, Deloitte	01/01/2016	Present	I am a partner and full time employee at Deloitte

Name	Role	Description of Interest	Relevant Date - From	Relevant Date - To	Comments
Jill Anderson	Associate Non-Executive Director	ViiV Healthcare Ltd, subsidiary of Glaxo SmithKline, Chief Financial Officer	01/06/2020	31/12/2022	
		Ordinary shares in GlaxoSmithKline awarded as part of reward package and long term incentives	01/06/2020	31/12/2022	
Amit Khutti	Non-Executive Director	Board Director, Zava Global BV	01/12/2018	Present	
Karim Brohi	Non-Executive Director	Professor of Trauma Sciences, Queen Mary University of London. Honorary Consultant Trauma Surgeon, Barts Health NHS Trust	01/03/2008	Present	
		Clinical Director, London Major Trauma System NHS England (London)	01/10/2015	Present	
		Advisory Board Member to AI Nexus who are in early phase innovations of artificial intelligence applications for healthcare monitoring and diagnosis.	01/05/2021	Present	
Dr Mark Spencer	Non-Executive Director	GP in HMP Bullingdon, Buckinghamshire, Subcontracted to Practice Plus (formerly CareUK)	01/04/2021	Present	None of my activity produces a conflict of interest with my role in LAS
		Health care consultancy, varied, currently NEL LIS	01/04/2021	Present	None of my activity produces a conflict of interest with my role in LAS
Fenella Wrigley	Chief Medical Director	Royal London Hospital, Barts	01/07/2008	Present	
		Health Emergency Medicine Consultant			
		Substantive NHS consultant, Financial			
		Regional Professional lead for Specialist Events, St John Ambulance London Region	01/08/2012	Present	
		Non-Financial, Voluntary role			
		All England Lawn Tennis Club	01/09/2018	Present	
		Chief Medical Officer, Financial			
		Clinical Advisor (remunerated), HM Prison and Probate Services (Ministry of Justice)	01/04/2013	Present	

Name	Role	Description of Interest	Relevant Date - From	Relevant Date - To	Comments
Dr John Martin	Chief Paramedic and Quality Officer	Bank Paramedic, East of England Ambulance service NHS Trust, zero hours contract.	10/01/2021	Present	
		President, Trustee, Director, College of Paramedics, voluntary position (Paramedic professional body & charity)	10/01/2021	Present	
		Director, British Paramedic Association, voluntary position (Dormant original paramedic professional body)	10/01/2021	Present	
		Director, Challenge your thinking limited, not currently an active company (Paramedic consultancy)	10/01/2021	Present	
		Consultant Paramedic expert witness for various legal firms	10/01/2021	Present	
Antony Tiernan	Director of Communications and Engagement	Member of the HSJ (Health Service Journal) Awards Advisory Board	01/01/2019	Ongoing	Unpaid – non-financial professional interest
		Trustee, NHS Charities Together	01/01/2019	Ongoing	Unpaid – non-financial professional interest
Daniel Elkeles	Chief Executive Officer	Holding Director, London Ambulance Service Dormant Companies	17/11/2021	Present	
		London Emergency Care ltd, Holding Director Dormant Company	17/11/2021	Present	
		London Urgent Care Ltd, Holding Director Dormant Company	17/11/2021	Present	
Rakesh Patel	Chief Finance Officer	NIL	01/12/2021	Present	
Mark Easton	Interim Director Corporate Affairs	Trustee, Royal College of Ophthalmologists- unpaid two year post	01/01/2022	01/01/2024	
Roger Davidson	Director of Strategy and Transformation	NIL	01/04/2022	Present	
Damian McGuinness	Director of People and Culture	NIL	01/04/2022	Present	

Annual Governance Statement for London Ambulance Service NHS Trust 2022/23

Scope of Responsibility

As Accountable Officer, I am responsible for maintaining a sound system of internal control that supports the achievement of the NHS Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible for in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Trust Accountable Officer Memorandum*.

The Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of London Ambulance Service NHS Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in London Ambulance Service NHS Trust for the year ended 31 March 2023 and up to the date of approval of the annual report and accounts.

Capacity to Handle Risk

Leadership of Risk Management Process

1. As Chief Executive, I am responsible for overseeing risk management across all organisational, financial and clinical activities. All executive directors report to me and their performance is held to account through both individual and team objectives that also reflect the objectives of the Board.
2. The Trust's Risk Management Strategy and Policy sets out the accountability and reporting arrangements for risk management and the processes that maintain sound internal control. Risk management is a key component of enhancing patient and staff care and is an integral part of the Trust's strategic management. It is the process whereby the Trust methodically addresses the risks related to its activities with the goal of achieving sustained benefits to patient care and outcomes through delivery of the LAS Strategy. The processes set out in the Risk Management Strategy and Policy ensure clearly defined roles and responsibilities for the senior leadership team and clarity around the arrangements and purpose of the Board Assurance Framework and Corporate Risk Register.
3. The policy aims to promote a positive culture towards the management of risk and provides clear, systematic approaches to ensure risk assessment is integral to all clinical, managerial and financial processes. The focus of risk management at LAS is about being aware of emerging problems, working through what impact they could have and implementing changes and plans to mitigate against the worst case scenario. This is achieved through ensuring clear leadership and accountabilities throughout the Trust and encouraging cross directorate working.
4. Operationally, responsibility for the implementation of risk management has been delegated to the Deputy Chief Executive and Chief Paramedic and Quality Officer, including responsibility for clinical risk management, and the Director of Corporate Affairs. The Chief Medical Officer also holds responsibility for patient safety.
5. The Chief Paramedic and Quality Officer is the quality governance lead for the Trust and is responsible for the Trust's Risk Management Strategy and Policy and Incident Management Policy, including patient safety incidents. They are also responsible for promoting and ensuring implementation of Trust-wide systems and processes to enable the Trust to meet requirements in relation to clinical governance and risk, up to and including the Trust's Corporate Risk Register.
6. The Director of Corporate Affairs supports the

Executive Committee in carrying out their responsibilities for risk management and takes the lead on behalf of the Trust Board for maintaining the Board Assurance Framework.

7 The Board Assurance Framework aligns with national guidance and reflects assurance on the high-level risks that are deemed the most significant through the year. Executive Committee members individually, and collectively, have responsibility for providing assurance to the Trust Board on the controls in place to mitigate their associated risks to achieving the Trust's strategic objectives, including compliance with all the Trust's licences. The Trust Board's Assurance Committees have responsibility for providing assurance in respect of the effectiveness of these controls through regular scrutiny of risks in their area, and associated controls.

Staff Training

8 The Trust provides a comprehensive mandatory and statutory training programme which includes governance and risk management awareness, ensuring that staff are trained and equipped to identify and manage risk in a manner appropriate to their authority, duties and experience.

9 The Trust's Risk Management Strategy and Policy sets out the approach that it takes to the provision of training in relation to risk management. An e-learning package 'Introduction to Risk Management' has been developed and is available to all staff through ESR. All department leads/ managers that are responsible for implementing the risk management procedure locally receive more specialist training to enable them to fulfil their responsibilities. This training is generally offered on a one-to-one basis and tailored to be relevant to suit the responsibilities and risks associated with their role. All risk management training is recorded centrally in ESR. Staff have access to comprehensive risk guidance and advice via Risk Management Leads in the Quality Directorate, information embedded in the Risk Management page on the Trust's intranet and by referring to the Risk Management Procedure. The Trust Risk Manager also supports staff in risk reviews and escalation through monthly quality governance meetings. The recent internal audit of Risk Management indicated that overall key risk management personnel have a good understanding of the risk management process.

10 Risk management training is provided to Executive Committee and Board members every two years, in respect to high level awareness of risk management and to ensure that risks aligned to their remit are reviewed.

11 The Trust's mandatory and statutory training programme is regularly refreshed to ensure that it remains responsive to the needs of Trust staff and volunteers. There is a regular review of the requirements of the Trust's Mandatory Training Policy and Training Needs Analysis (which includes elements of governance and risk management training) and the duty of staff to complete training deemed mandatory for their role. Despite significant operational pressures, the Trust has been able to achieve average target levels of 83% compliance with mandatory and statutory training requirements during 2022/23.

12 Monitoring and escalation arrangements are in place to ensure that the Trust maintains its current good performance and can ensure targeted action in respect of areas or staff groups where performance is not at the required level.

The Risk and Control Framework

Risk Management Strategy and Policy

13 The Trust recognises that risk management is an integral part of good management practice and to be most effective, risk management should become part of the Trust's culture. The Board is therefore committed to the identification, evaluation and treatment of risk as part of a continuous process aimed at identifying threats and driving change. Risk management is a fundamental part of both the operational and strategic thinking of every part of the Trust's business including clinical, non-clinical, corporate and financial risk.

14 The Risk Management Strategy and Policy, which was approved at the March 2023 Public Board, underpins how the Trust manages risk, including 'horizon scanning' which focusses on identifying, evaluating and managing changes in the risk environment, preferably before they manifest as a risk or become a 'threat' to the business of the Trust.

15 The Risk Management Strategy and Policy

provides the overarching principles, framework and processes to support managers and staff in the management of risk by ensuring that the Trust is able to deliver its objectives by identifying and managing risks, enhancing opportunities and creating an environment that adds value to ongoing operational activities. The Trust has adopted a holistic approach to risk management incorporating both clinical and non-clinical risks. This includes but is not limited to; strategic, financial, operational, regulatory, environmental and reputational risks.

16 The Trust's Risk Management Strategy and Policy is an integral part of the Trust's approach to continuous quality improvement and is intended to support the Trust in delivering the Trust's key objectives as well as ensuring compliance with external standards, duties and legislative requirements.

Identifying and Reporting risk

17 Risks are identified routinely from a range of reactive/pro active and internal/external sources including workplace risk assessments, analysis of incidents, complaints / PALS, claims, external safety alerts and other standards, targets and indicators. These are reviewed to understand the organisational impact and are then RAG rated for inclusion, if appropriate, in the Trust's Corporate Risk Register and/or the Board Assurance Framework (BAF).

18 A Risk, Compliance and Assurance Group (RCAG) exists to review and monitor risks added to the Risk Register and the BAF. In addition, regular update reports from the BAF are submitted to the relevant Board Assurance Committees and the Trust Board. The Audit Committee has delegated authority on behalf of the Trust Board for ensuring effective arrangements for the identification and management of risk are in place and remain appropriate. The Trust recognises that, as risks can change and new risks emerge over time, the review and updating of risks on the risk register and within the BAF is an ongoing, dynamic process.

19 The Board Assurance Framework (BAF) for 2022/23 has been updated to align with LAS's three strategic themes and ten key objectives in the Trust's business plan. These objectives feed into objective setting for the executive team and thereafter to staff.

20 Each objective within the BAF is assigned to a lead assurance committee, which reviews evidence and reports from lead executives on performance, issues and risks. Alongside a robust internal audit programme, this enables the Trust Board to be assured that risk management within the Trust is being managed appropriately.

21 In accordance with the Trust Board's Scheme of Delegation, responsibility for the management and control of a particular risk rests with a named Directorate / Sector / Station. However, where action to control a particular risk falls outside the control / responsibility of that domain, where local control measures are considered to be potentially inadequate or require significant financial investment, or the risk is 'significant' and simply cannot be dealt with at that level, such issues are escalated to the appropriate corporate committee, being the RCAG, the Executive Committee or the Trust Board for a decision to be made.

Embedding Risk Management and Incident Reporting

22 Risk management is embedded in the activity of the organisation by virtue of robust organisational and committee structures which are reviewed and amended as necessary on an annual basis.

23 Of fundamental importance to the early identification, escalation and control of risk is the Trust's commitment to the ongoing development of a culture where incident reporting is openly and actively encouraged and the focus is on 'what went wrong', and not 'who went wrong', thus encouraging a progressively 'risk aware' workforce.

24 In addition to standard incident reporting processes, the Trust has had a full-time Freedom To Speak Up (FTSU) guardian since 2018/19. Concerns raised through FTSU are all investigated and many have led to improvements in processes in a number of different parts of the Service.

25 At Board level, Amit Khutti is the Non-Executive lead for Freedom to Speak Up and the Executive Director lead is John Martin, Deputy Chief Executive and Chief Paramedic and Quality Officer.

26 The Trust has 32 Freedom to Speak Up ambassadors, all of whom have received training in how to promote the work of FTSU

and support staff to raise concerns. In 2022/23, 252 concerns were raised compared to 138 in the previous financial year. The focus for the next financial year will be working with managers across the Trust to reduce the number of colleagues who feel they need to raise concerns via the Guardian and improve other pathways.

27 The Risk Appetite Statement is a written articulation of the degree of risk exposure, or potential impact from an event, that the Trust is willing to accept in pursuit of its strategic goals and corporate objectives. The full risk management statement is included within the Trust's Risk Management policy and strategy and is available to staff on the intranet.

28 LAS endeavours to establish a positive risk culture within the organisation, where unsafe practice is not tolerated and where every member of staff feels committed and empowered to identify and correct and/or escalate system weakness.

29 The Trust also has in place a range of mechanisms for managing and monitoring risks in respect of quality including:

- The Trust's Quality Strategy is based on the Care Quality Commission (CQC) fundamental standards. The Trust Board also agrees annual quality priorities.
- The Trust has a Quality Assurance Committee (a committee of the Board) which meets bi-monthly and is chaired by a Non-Executive Director who is a practising clinician. The Quality Assurance Committee is responsible for monitoring performance against the agreed annual quality objectives and is supported by the bi-monthly Quality Oversight Group as well as local Sector/Service Quality Governance meetings. The Quality Assurance Committee provides a report of each meeting to the Trust Board.
- The Trust publishes an Annual Quality Account.
- Performance against key quality indicators are reported to the Trust Board in the Trust's Quality Report and Integrated Performance Report.
- Quality improvements are progressed through the Trust's Quality Improvement Plan which is monitored at Sector Reviews and at local Service/Sector Quality Governance meetings.
- A Station/Service Accreditation programme has been developed which aims to drive quality standards by empowering front line staff to make improvements in line with the Care Quality Commission's (CQC) fundamental standards.
- The Trust acts upon patient feedback from complaints and concerns and from feedback from Patient & Public Council (PPC) representatives (e.g. Health Watch).
- A Patient or Staff Story is presented at every meeting of the Trust Board.
- The Trust has implemented the Patient Safety Incident Response Framework (PSIRF) as an early adopter. This approach allows the Trust to focus on continuously improving by addressing causal factors and the use of improvement science to prevent or continuously and measurably reduce repeated patient safety risks and incidents.
- The Trust has implemented the Learning from Death process with an internally developed digital platform to enable reviews and oversight to be undertaken and reported on.
- The Trust has a safeguarding team and a patient experience team to oversee safeguarding matters and patient experience respectively.
- To maintain safety throughout periods of industrial action additional senior clinical support was provided to the control rooms (999 and 111) and frontline crews.

30 Throughout 2022/23, the Quality Improvement and Learning (QI&L) team has monitored both the Trust's Risk Management system, Datix and data obtained from Business Intelligence (BI) to identify and review patient safety incidents arising from delays during periods of high demand, sharing learning where required.

Workforce Safeguards

31 The Trust ensures that short, medium and long-term workforce strategies and staffing systems are in place and provide the Trust Board with assurance that staffing processes are safe, sustainable and effective. In compliance with the recommendations of "Developing Workforce Safeguards", the Trust:

- has formed a Workforce Development & Planning Programme, which is chaired by our Deputy Chief Executive and Chief Paramedic and Quality Officer, and has clear oversight of risk management.
- has produced a detailed workforce plan for 2023/2024 and a high level five year workforce plan so that structural changes and new skill requirements can start to be modelled as early as possible in management's workforce plans
- has a systematic approach to determining the number of staff and range of skills required to meet the needs of people using the Service and to keep them safe.

32 In 2022/23, the Trust continued its focus on the strategic risks associated with workforce, through the People and Culture Committee (a sub-committee of the Board) and the Executive Committee. The People and Culture Committee has continued to focus upon further development of a workforce planning model, providing assurance to the Board on this. The Executive Committee has received regular reports on strategic workforce planning activities, to provide additional oversight in this area.

33 Control measures are in place to ensure that obligations under equality, diversity and human rights legislation are complied in line with the requirements of the Public Sector Equality Duties under the Equality Act 2010. We are working towards ensuring our workforce better reflects the diversity of the population it serves in London. We end 2022/23 having recruited more than 400 BME staff, representing over 32% of all our new starters. We now have more than 1,600 BME staff which is 21% representation. There is still more to do to increase these numbers and we will continue to put time, effort and attention into this work.

34 We have also worked hard to increase gender diversity and our female representation Trust-wide has increased to 51%.

35 To champion the Trust's plans in relation to the equality agenda and monitor compliance with legislative and regulatory requirements relating to EDI, the Trust agreed to establish a new committee of the Board – the Equality, Diversity and Inclusion Committee, which will be chaired by a Non-Executive Director. The Committee will report directly to the Trust Board and monitor key performance indicators and challenge the Trust as an institution in terms of practice and approach to EDI issues.

Quality Strategy

36 The Trust has a Quality Strategy to support quality governance and assurance from ambulance station to the Trust Board. The Quality Strategy aims to put patients and staff at the centre of everything we do and is underpinned by the Care Quality Commission's definition of quality. Alongside this, is a commitment to a just culture where reporting of both clinical and non-clinical incidents is central to continuous learning and improvement.

37 Quality governance and assurance is supported by reliable information systems including Datix and Health Assure. These systems are a rich source of data which informs the Trust of its performance against various quality indicators. Each Sector has a dedicated Quality Governance and Assurance Manager (QGAM) and Sector Senior Clinical Lead to oversee patient safety and the quality of service at Sector level. Their work is overseen by the Central Quality Oversight Group.

38 Every year, the Trust sets specific quality priorities which are reported in the annual Quality Account. These priorities are identified in consultation with both internal and external stakeholders to ensure they are relevant and robust for the coming year. The Trust routinely reviews its performance against its quality priorities and this is reported through the governance structures which include, sector governance meetings, the Quality Oversight Group, the Quality Assurance Committee and the Trust Board.

39 There are processes in place to review performance regularly across the year to ensure that gains are consolidated and any learning is utilised as part of the wider quality improvement plan. These processes include a series of Sector peer reviews and quality performance reviews which are designed to test how well the Trust is doing against the CQC's key lines of enquiry. The outcome of these reviews are reported to relevant teams and meetings to guide decisions and actions.

CQC Registration

40 During 2022/23, CQC inspection activities at the Trust included regular engagement calls and virtual monitoring meetings.

41 The CQC's overall rating of the Trust remains "Good".

Compliance with the NHS Provider Licence

42 The Board reviews the terms of reference of its assurance committees on an annual basis to ensure their effectiveness. The Audit Committee meets once a year with the internal and external auditors without the presence of executive directors or staff. In addition, the Local Counter Fraud Specialist presents a report to every meeting of the Audit Committee on measures to tackle fraud, bribery and corruption and also the importance of reporting concerns as appropriate. The Trust also has a Remuneration and Nominations Committee consisting of the Non-Executive Directors, joined, when appropriate, by the Chief Executive, the Director of People and Culture and the Director of Corporate Affairs. In addition, the Board has established a number of assurance committees which focus on key aspects of the Trust's work. Each Committee is chaired by a Non-Executive Director. All assurance committees undertake an annual self-assessment of their effectiveness, which is reported to the Board. The Audit Committee also submits an Annual Report to the Trust Board and reviews the Standing Financial Instructions and Scheme of Delegation.

43 The terms of reference also serve to define the responsibilities, accountabilities and reporting lines of each assurance committee. The Board receives a report following each assurance committee meeting, and is therefore able to both receive assurance but also challenge any of the decisions made. Each assurance committee also has an identified lead Executive Director.

44 Key performance reports covering corporate, clinical, quality, workforce, finance and operational performance are received at each formal meeting of the Board and an annual report from the Audit Committee, these are made available on the Trust's website.

45 The Quality Assurance Committee receives regular reports from clinical and operational staff and through a number of documents such as the Serious Incident Reports, Quality Oversight Group, and claims and inquests updates and is able to have oversight and challenge the Trust in relation to the quality of patient care. The Trust's Chief Medical Officer, Chief Paramedic and Quality Officer and the Director of Corporate Affairs attend all meetings of the Committee. In addition, the Committee is chaired by a clinician who is a Non-Executive Director of the Trust.

Roles and Responsibilities

46 The Trust Board holds overall responsibility for the management of risks within the Trust. The Board ensures significant risks to the Trust's ability to provide a quality service are identified and managed. The Board reviews all significant risks at each formal meeting.

47 Non-Executive Directors seek assurance in relation to the performance of the Executives in meeting agreed goals and objectives. They are required to satisfy themselves as to the integrity of financial, clinical and other information, and that financial and clinical quality controls and systems of risk management and governance are robust and implemented.

48 The Chief Executive is responsible for ensuring that a system is in place for reporting of all incidents.

49 All Executive Committee members hold responsibility for the identification and management of their risks and ensure they are documented, registered and updated in a timely manner for the relevant forums to review. They are responsible for the risk management process within the Trust and as such ensure:

- the review of risk and risk registers is maintained in accordance with the Trust strategy.
- all staff have the ability to identify risks and propose they are assessed and entered onto the relevant section of the Trust Risk Register.
- monitoring and timely review of the Risk Management Strategy and associated policies.
- provision of expert advice into the incident reporting process.
- all managers within their Directorate are familiar and act in accordance with Trust policies.

- incidents are reported and investigated in accordance with the Trust's Incident Reporting Process.
- Learning is shared and embedded through a range of modalities including Core Skills Refreshers, Clinical Update and Insight bulletins and podcasts.

Reporting Lines and Accountabilities

50 The Board Assurance Committees and Executive Committee provide a process for the assessment of the assurance given in relation to mitigating any identified risks for the organisation, and for the escalation of risk if necessary.

51 The purpose of the weekly Executive Committee is to lead and manage the performance of the Trust within the strategic framework established by the Trust Board. The Executive Committee makes recommendations to the Trust Board on key policy and service issues for the Trust Board's decision.

52 The Executive Committee has established the following sub-groups:

- The Risk Compliance and Assurance Group – to oversee the governance of the risk management process and management of risks rated greater than 15;
- The Information Governance Group – to ensure that the Trust has clear management of information governance and compliance with the Data Security and Protection Toolkit;
- The Capital Programme Board (CPB), formerly the Asset Replacement and Capital Board (ARC), to oversee and manage the provision of the Trust's capital programme;
- The Supply Chain Management Board – to monitor compliances with standing orders, standing financial instructions and scheme of delegation regarding procurement and management of the supply chain and oversee development and implementation of third party supply category strategy plans.

53 The Audit Committee monitors risks and reviews the BAF. It critically reviews the robustness of the governance structures and assurance processes on which the Board places reliance. The committee also receives the internal and external audit report and ensures that all recommendations and actions are followed up.

54 The Finance and Investment Committee has responsibility for monitoring and reviewing the adequacy and utilisation of resources to assure the Board upon the risks relating to the efficient and effective delivery of strategic and operational plans and objectives. It monitors financial risks and reviews the BAF for its responsibilities advising the Board of any material risks arising.

55 The Quality Assurance Committee has responsibility for providing the Trust Board with assurance on the achievement of strategic objectives in relation to the provision of a high quality, safe, and effective service. The Trust's definition of quality encompasses three equally important elements:

- Care that is safe – working with patients and their families to reduce avoidable harm and improve outcomes.
- Care that is clinically effective – not just in the eyes of clinicians but in the eyes of patients and their families.
- Care that provides a positive experience – to patients and their families.

56 The People and Culture Committee has responsibility for providing the Trust Board with assurance on all aspects of people management and organisational development, including the identification, mitigation and escalation of people-related risks.

57 The newly formed EDI Committee will have responsibility for ensuring that the Trust is fulfilling all legislative and regulatory requirements relating to the equality, diversity, inclusion and human rights agenda, including compliance with mandatory reporting and action planning and CQC standards.

58 The Data and Digital Quality Assurance Committee was agreed this year to provide the Board with assurance on achievement of LAS's strategic objective in relation to the development and delivery of its digital strategy and assurance on non-financial data quality.

59 The Audit Committee reviews risk arrangements broadly through the Trust and commissions the audit and counter fraud programme. It has specific responsibility for cyber and information security and receives regular updates from the responsible directors.

Public Stakeholders' Involvement in Managing Risk

60 The Trust Board meets at least six times a year in public and its papers are available on the Trust's website. Members of the public are invited to watch the Board meetings and submit questions on matters of concern or interest, via a link on the Trust's website.

61 In early 2020, the Service launched the London Ambulance Service Public and Patients Council (LASPPC). The LASPPC brings together a wide range of patient and public representatives from across London at regular intervals to provide feedback on the services we provide and to help shape the way care is delivered. It also advises on ways for the Service to gain broader engagement. Dame Christine Beasley continues to chair the Council and, in 2021, we appointed Michael Bryan as Co-Chair. The proceedings of the Council are reported regularly to the Board.

62 During 2021/22, we appointed public and patient representatives to key committees including infection control and prevention, frequent callers, research and development, and charity operations. In addition, we have involved public and patient representatives in key events.

63 In late 2020, the Board agreed a 'patients and communities engagement and involvement strategy' which was developed in partnership with the LASPPC and sets out a range of priorities to further enhance the way we involve and listen to patients and communities. This includes working with Healthwatch England, local Healthwatch and the LASPPC to co-design a visits (enter and view) programme – giving patient and public representatives access to our 999,111 and ambulance services so they can provide constructive feedback.

64 The Service's comprehensive website provides the public with access to information about all areas of our activity and we have a number of public-facing newsletters to keep people up-to-date with new developments and items of interest. We are also active on social media including X (formerly known as Twitter), Instagram, LinkedIn and Facebook.

Corporate Governance Statement

65 The Trust has kept its corporate governance arrangements under review in 2022/23 to ensure that they meet the standards set out in the NHS England well-led framework. (Published at https://www.england.nhs.uk/well-led-framework/)

Compliance Statements

The Trust is fully compliant with the registration requirements of the Care Quality Commission.

The Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance) within the past twelve months, as required by the 'Managing Conflicts of Interest in the NHS' guidance.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that members Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of Economy, Efficiency and Effectiveness of the Use of Resources

66 The Trust secures the economic, efficient and effective use of resources through a variety of means:

- A well-established policy framework with compliance (including Standing Financial Instructions) monitored through the Supply Chain Management Board and reported to the Finance and Investment Committee.
- An organisational structure which ensures accountability and challenge through the committee structure.
- A clear planning process.

- Effective corporate directorates responsible for workforce, revenue and capital planning and control.
- Detailed monthly financial reporting including progress on achievement of Cost Improvement Programmes and year-end forecasting.
- Monthly Operational Performance meeting between Directorates and the Executive Team.

67 The Trust has in place a performance management framework aligned to both the corporate and sector divisional management structure. The framework includes a performance dashboard which includes a series of performance metrics and reflects metrics based on the Carter Report recommendations. The Trust Board reviews the operational, productivity and financial performance, and use of resources both at Trust and Divisional level. More details of the Trust's performance and some specific Trust projects aimed at increasing efficiency are included in the quality and performance report provided to each Board meeting.

68 The Board's business includes comprehensive reviews of performance against clinical, operational, workforce, corporate and financial indicators through the quality and performance report at each formal meeting. Any emerging issues are identified and mitigating action implemented.

69 The Finance and Investment Committee, which meets monthly, is chaired by a Non-Executive Director with other Non-Executive Directors as members. The committee provides assurance to the Trust Directors as to the achievement of the Trust's financial plan and priorities and, in addition, acts as the key forum for the scrutiny of the robustness and effectiveness of all cost efficiency opportunities. It interfaces with the other Board assurance committees, in particular the Audit Committee, as appropriate. This Committee also has responsibility for providing assurance with regard to the Trust's procurement policies and procedures.

70 The Trust's commitment to value for money is strengthened by the effective and focused use of its Internal Audit service. The Trust engages Internal Auditors to provide an independent and objective assurance to the Board that the Trust's risk management, governance and internal control processes are operating effectively.

71 The Trust has a Local Counter Fraud Specialist (LCFS) supported as required by other qualified LCFS. Any concerns can be directed to the team and, any information is treated in the strictest confidence.

72 External Auditors, Internal Auditors and Counter Fraud report to each meeting of the Audit Committee, and also meet the members of the Audit Committee without Management present.

Information Governance

73 The Trust has a robust programme of information governance improvements and awareness and a governance framework to monitor and assure the security of its information. An executive-led Information Governance Group exists as well as an Information Governance Policy framework.

74 Information governance incidents are reported on DatixWeb and the Information Governance Manager is alerted by email whenever an incident is reported on the system. Where there has been an incident, such as where we become aware of a loss of information outside the LAS, or there is a risk that personal data has been accessed or disclosed by one or more members of the public, a report is made on the Data Security and Protection Toolkit (DSPT) portal within 72 hours of the notification of the incident reaching the IG Manager. Each of these reportable incidents is assessed using the 5x5 Breach Assessment Grid in the Guide to the Notification of Data Security and Protection Incidents. This document provides detailed guidance on the reporting of these incidents and should be read by all staff who have reporting rights in the Toolkit before any report is made. The senior information risk owner (SIRO) reports breaches to the Audit Committee.

75 Dependent on the nature of the incident, the information provided on the DSPT is sent to the Information Commissioner's Office, the Department of Health and Social Care, NHS England and the National Cyber Security Centre.

76 During 2022/23, four incidents were notified via the data security incident reporting portal. All four were reported to the ICO and one was also reported to the Department of Health and Social Care and NHS England. This incident specifically related to an external cyber-attack upon a third party software supplier used by the Trust. Of the four incidents reported, two have now been fully investigated and the cases are now closed with the ICO.

77 In August 2022, the Trust received an alert that Advanced, a third-party software supplier, had been subject to an external cyber-attack. Advanced isolated all services and took them offline to mitigate the risk of further impact. There was no immediate cyber security threat to the Trust identified as a result of this ransomware attack. This led to an adequacy breach within the Trust, as data could not be accessed for a period of time.

78 In December 2022, the ICO requested additional information regarding the Advanced Ransomware Incident. The additional information was returned to the ICO by SIRO on 21 December 2022. On 27 February 2023, the ICO requested further information regarding the Advanced Ransomware Incident, which was sent on 13 March 2023. There has been no further response from the ICO to date.

79 23 February 2023, a breach occurred relating to unauthorised records access by a staff member. Due to the nature of the breach, the incident was reported to the ICO on 10 March 2023. The case is subject to an external investigation and the ICO has been made aware of the steps taken by the Trust. The ICO has requested an update on the incident by 21 April 2023.

80 The Trust has an action plan to achieve 'standards met' for the DSPT for the June 2023 deadline.

Data Quality and Governance

81 Data quality and governance within the Trust is headed up by the Data Quality Assurance team. In addition to its regular Integrated Performance Report to its Board, the Trust has in place a Data Quality Strategy which includes a governance structure, policy and implementation plan.

82 The Trust has a range of policies, processes and staff guidance in place in relation to data quality. Specifically, the Data Quality Policy was updated for 2022/23 to set out the requirements on the Trust and governance processes for assuring data quality. The draft policy was reviewed by the Information Governance Group prior to formal approval. The purpose of the Policy is to support delivery of the governance and principles around data quality and is designed to ensure that all staff employed by the Trust understand the importance of data quality.

83 Data quality is a subject that is regularly reviewed at Information Governance Committee via a report from the Head of Data Quality.

84 Introduction of the new CAD system identified an issue in relation to the accurate reporting of C1 response times. We identified that due to a coding error C1 performance times had been misreported by up to 210 seconds giving an unduly positive view of the Trust's performance. The error was identified by a member of the corporate team and escalated to NHS England. An external review was commissioned into the circumstances of the misreporting with the Trust as a key participant. There was a period of two months when we did not publish C1 data in order to gain assurance that we had correctly identified the problem and rectified it.

85 Progress on the review into C1 response times has been regularly monitored by the Quality Assurance Committee (QAC) and the Trust Board. Recommendations from the review will be implemented to improve assurance on data quality although a number of changes have already been made, including the establishment of a Board level committee with responsibility for gaining assurance on data quality and digital strategy and revised arrangements for ensuring data quality. In addition, an audit was commissioned to determine whether the Trust had a systematic problem with data reporting or if the C1 issue was a one-off caused by mis-coding.

86 Although the C1 error constitutes a breach in control, we concluded that it did not meet the threshold for a significant breach. The reasons for this are: our in-house scrutiny identified the issue, reported it, and escalated it appropriately; the C1 issue was identified as being due to one specific error in coding, confined to one area of performance, it was not indicative of a systemic problem; the error was not one of integrity and the incident has been handled with full transparency; the error was corrected and accurate reporting resumed once assurance was gained.

Review of Effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive

managers and clinical leads within the NHS Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in this annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit Committee and Quality Assurance Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

87 The Trust received the following Head of Internal Audit Opinion for 2022/23:

Head of Internal Audit Opinion

The role of internal audit is to provide an opinion to the Board, through the Audit Committee (AC), on the adequacy and effectiveness of the internal control system to ensure the achievement of the organisation's objectives in the areas reviewed. The annual report from internal audit provides an overall opinion on the adequacy and effectiveness of the organisation's risk management, control, and governance processes, within the scope of work undertaken by our firm as outsourced providers of the internal audit service. It also summarises the activities of internal audit for the period.

Based upon the work completed to date for London Ambulance Service NHS Trust, my current expectation is that I will be able to provide overall moderate assurance (our second highest level of assurance) that there is a sound system of internal control, designed to meet the Trust's objectives and that controls are being applied consistently. In forming my view, I have accounted for:

- Since the end of the global Covid-19 pandemic, the Trust has managed to maintain a focus on its key objectives for the year with the continuation of strong governance arrangements and management of key risks, as shown through the results of our reviews of HFMA Financial Sustainability, Patient Safety Incident Reporting Framework and the Key Financial Systems audits of Payroll, Recruitment and Procurement. There are clearly considerable operational challenges, but these do not appear to have impacted adversely on the control environment.
- Financially, the Trust has reported a full year Income and Expenditure (I&E) surplus for 2022/23 of £0.1m against the NHS performance target of a break even position, a favourable variance of £0.1m and marginally exceeding the previous forecasts to deliver the year end plan to breakeven. The Trust invested £40.7m on capital expenditure in 2022/23, and by the end of the year had brought itself back on track so that it had utilised all its available capital funding.
- The results of our work were generally positive. Two of the assurance audits issued to date provided substantial assurance in both the design of the controls and operational effectiveness, with the other six providing moderate assurance. There were some significant findings in the business continuity and disaster recovery audit, but action has been taken in year to address these. The Trust has had some issues with data quality and commissioned an internal audit review on data integrity. We identified some areas for improvement but did not find any significant errors in the data we reviewed.
- For the advisory HFMA Financial Sustainability review, the Trust scored very favorably overall compared to other Trusts within the benchmarking sample, averaging a score of 4.3 across the eight categories compared to the average of 4. LAS was able to demonstrate good compliance with the questions set out in the assessment, providing sufficient evidence to justify their scoring of 4 and 5 for 86% of the questions. The implementation of the action plans and embedding of new arrangements will enable the Trust to demonstrate a maturity level of continual improvement. The Trust set out clearly the areas that can be strengthened and actions taken for the new financial year.

At the year end, the Trust had successfully closed all except one of the prior year recommendations made by the previous internal audit providers, which is in progress. At the time of reporting, the BDO has issued 14 final reports resulting in three high and 76 medium recommendations. We have confirmed with reference to evidence that 41 of the 46 high and medium

recommendations made by the BDO and falling due by 31 March 2023 have been implemented. We have management assurances that a further four recommendations are in progress.

88 Maintenance and review of the effectiveness of the system of internal control has been provided by comprehensive mechanisms already referred to in this statement. Further measures include:

- Regular reports to the Trust Board from the Trust's BAF and Risk Register including Non-Executive Director review / challenge.
- Regular risk management activity reports to the Trust Board covering incidents, complaints/PALS and claims analysis and including details of lessons learned / changes in practice.
- Receipt by the Trust Board of minutes / reports from key forums including the Audit Committee, Finance & Investment Committee and the Quality Assurance Committee.
- The ongoing development of the BAF.
- The provision and scrutiny of a monthly Integrated Performance Report to the Trust Board, which covers a combination of specific licence and key contractual obligations and including the identification of key risks to future performance and mitigating actions.

89 The Trust advised of no significant control issues as part of its Annual Report for 2022/23.

90 The validity of the Corporate Governance Statement has been provided to me by the relevant Board assurance committees, most notably the Audit Committee, which have considered and commented on this statement, and by the external auditors.

91 All of the above measures serve to provide ongoing assurance to me, the Executive Committee and the Trust Board of the effectiveness of the system of internal control.

Conclusion

92 To the best of my knowledge, there are no significant internal control issues that have been identified in 2022/23.

Daniel Elkeles
Chief Executive Date: 27 / 06 / 23

Remuneration and Staff Report

Remuneration

Our Remuneration and Nominations Committee consists of the Chair and the six Non-Executive Directors. The Chief Executive is usually in attendance but is not present when their own remuneration is discussed.

The Remuneration and Nominations Committee is responsible for advising the Board about appropriate remuneration and terms of service for the Chief Executive and Executive Directors. It makes recommendations to the Board on all aspects of salary, provisions for other benefits (including pensions and cars), as well as arrangements for termination of employment and other contractual terms.

In formulating their recommendations to the Board, the Committee takes into account a number of factors, including the requirements of the role, the performance of the individuals, market rates, affordability, and the NHS Very Senior Managers Pay Framework.

Executive Directors are subject to normal terms and conditions of employment. They are employed on permanent contracts which can be terminated by either party with six months' notice.

Their performance is assessed against individually set objectives and monitored through an appraisal process.

For the purposes of this report, the disclosure of remuneration to senior managers is limited to our Executive and Non-Executive Directors. Details of remuneration, including salaries and pension entitlements, are published on pages 63 to 69.

Percentage Change in Remuneration of Highest Paid Director

Reporting bodies are required to disclose the percentage change in remuneration for the highest paid director between financial years, along with the percentage change for employees of the entity as a whole. The below table provides a comparison of these changes for Salary and Allowances, and for Performance Pay and Bonuses.

	Percentage Change for Highest Paid Director	Percentage Change for Employees as a Whole
Salary and Allowances	2%	9%

The highest paid Director was in place for part of the year in 2021/22, and the majority of that time seconded in from another organisation. He was not entitled to performance related pay when on secondment.

Performance related pay for 2021/22 therefore related to one month only and for 2022/23 for twelve months. As a result of this, the percentage year on year change in performance pay is 1,241%. However, on an annualised basis this would be 12%.

Pay Ratio Information

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director / member in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce. Total remuneration is further broken down to show the relationship between the highest paid director's salary component of their total remuneration against the 25th percentile, median and 75th percentile of salary components of the organisation's workforce.

The banded remuneration of the highest paid director / member in the London Ambulance Service NHS Trust in the financial year 2022/23 was £225,000 to £230,000 (2021/22, £210,000 to £215,000 on an annualised basis). The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

2022/23	25th percentile	Median	75th percentile
Total remuneration (£)	34,709	46,859	57,917
Salary component of total remuneration (£)	34,709	46,859	57,917
Pay ratio information	**6.6:1**	**4.9:1**	**3.9:1**

2021/22	25th percentile	Median	75th percentile
Total remuneration (£)	33,188	43,224	54,033
Salary component of total remuneration (£)	33,188	43,224	54,033
Pay ratio information	**6.2:1**	**5.0:1**	**4.1:1**

In 2022/23, no employee (2021/22, NIL) received remuneration in excess of the highest-paid director / member.

Total remuneration includes salary, non-consolidated performance-related pay, latest government pay offer, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

The range of staff remuneration is £25,158 to £230,000 (2021/22 £20,001 to £215,000).

Banded Remuneration Analysis

The information contained below in the Salary and Pension Entitlement of Senior Managers has been audited by our external auditors.

Salary and Pension Entitlements of Senior Managers

A) Remuneration 2022/23 (Audited)

Name and Title	Salary (bands of £5,000)	Expense payments (taxable) total to nearest £100	Performance pay and bonuses (bands of £5,000)	All pension related benefits (bands of £2,500)	Total (bands of £5,000)
Heather Lawrence (to July 2022)	£10,001 - £15,000	£0	£0 - £5,000	£0	£10,001 - £15,000
Andrew Trotter, Chair (from July 2022)	£40,001 - £45,000	£200	£0 - £5,000	£0	£40,001 - £45,000
Rommel Pereira, Deputy Chair	£10,001 - £15,000	£0	£0 - £5,000	£0	£10,001 - £15,000
Robert Alexander, Non-Executive Director	£10,001 - £15,000	£0	£0 - £5,000	£0	£10,001 - £15,000
Sheila Doyle, Non-Executive Director	£10,001 - £15,000	£0	£0 - £5,000	£0	£10,001 - £15,000
Mark Spencer, Non-Executive Director	£10,001 - £15,000	£0	£0 - £5,000	£0	£10,001 - £15,000
Anne Rainsberry, Non-Executive Director	£10,001 - £15,000	£0	£0 - £5,000	£0	£10,001 - £15,000
Karim Brohi, Non-Executive Director	£10,001 - £15,000	£0	£0 - £5,000	£0	£10,001 - £15,000
Amit Khutti, Non-Executive Director	£10,001 - £15,000	£0	£0 - £5,000	£0	£10,001 - £15,000
Line De Decker, Associate Non-Executive Director (to May 2022)	£0 - £5,000	£0	£0 - £5,000	£0	£0 - £5,000
Daniel Elkeles, Chief Executive Officer	£210,001 - £215,000	£0	£15,001 - £20,000	£90,001 - £92,500	£320,001 - £325,000
Roger Davidson, Director of Strategy and Transformation	£130,001 - £135,000	£0	£5,001 - £10,000	£60,001 - £62,500	£200,001 - £205,000
John Martin, Deputy Chief Executive and Chief Paramedic and Quality Officer	£130,001 - £135,000	£0	£20,001 - £25,000	£22,501 - £25,000	£175,001 - £180,000
Rakesh Patel, Chief Finance Officer	£150,001 - £155,000	£0	£15,001 - £20,000	£0	£170,001 - £175,000
Damian McGuinness, Director of People and Culture	£130,001 - £135,000	£0	£10,001 - £15,000	£5,001 - £7,500	£150,001 - £155,000
Fenella Wrigley, Deputy Chief Executive and Chief Medical Oficer	£140,001 - £145,000	£0	£0 - £5,000	£0	£145,001 - £150,000
Mark Easton, Director of Corporate Affairs	£110,001 - £115,000	£0	£0 - £5,000	£0	£110,001 - £115,000
Anthony Tiernan, Director of Communication and Engagement (to October 2022)	£60,001 - £65,000	£0	£0 - £5,000	£0	£60,001 - £65,000

Taxable expenses and benefits in kind are expressed to the nearest £100. The values and bands used to disclose sums in this table are prescribed by the Cabinet Office through Employer Pension Notices and replicated in the HM Treasury Financial Reporting Manual.

The performance pay payments noted relate to the financial year 2022/23.

The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less, the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights. This value does not represent an amount that will be received by the individual. It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the pension scheme could provide. The pension benefit table provides further information on the pension benefits accruing to the individual.

(1) Heather Lawrence, salary for four months, the full year equivalent is £44,000
(2) Andrew Trotter, salary for nine months, the full year equivalent is £55,000
(3) Line De Decker, salary for two months, the full year equivalent is £15,000
(4) Anthony Tiernan was on secondment to NHS England from October 2022

A) Remuneration 2021/22 (Audited)

Name and Title	Salary (bands of £5,000)	Expense payments (taxable) total to nearest £100*	Performance pay and bonuses (bands of £5,000)**	Long term performance pay and bonuses (bands of £5,000)	All pension related benefits (bands of £2,500)****	Total (bands of £5,000)
Heather Lawrence, Chair	£40,001 - £45,000	£0	£0	£0		£40,001 - £45,000
Rommel Pereira, Deputy Chair	£10,001 - £15,000	£0	£0	£0	£0	£10,001 - £15,000
Sheila Doyle, Non-Executive Director	£10,001 - £15,000	£0	£0	£0	£0	£10,001 - £15,000
Jayne Mee, Non-Executive Director (1 April 2021 to 1 July 2021) (1)	£0 - £5,000	£0	£0	£0	£0	£0 - £5,000
Amit Khutti, Associate Non-Executive Director	£10,001 - £15,000	£0	£0	£0	£0	£10,001 - £15,000
Karim Brohi, Non-Executive Director	£10,001 - £15,000	£0	£0	£0	£0	£10,001 - £15,000
Mark Spencer, Non-Executive Director	£10,001 - £15,000	£0	£0	£0	£0	£10,001 - £15,000
Anne Rainsberry, Non-Executive Director (from 1 May 2021) (2)	£10,001 - £15,000	£0	£0	£0	£0	£10,001 - £15,000
Robert Alexander, Non-Executive Director (from 1 September 2021) (3)	£5,001 - £10,000	£0	£0	£0	£0	£5,001 - £10,000
Jill Anderson, Associate Non-Executive Director	£10,001 - £15,000	£0	£0	£0	£0	£10,001 - £15,000
Line De Decker, Associate Non-Executive Director (from 1 June 2021) (4)	£10,001 - £15,000	£0	£0	£0	£0	£10,001 - £15,000
Garrett Emmerson, Chief Executive Officer (1 April 2021 to 31 August 2021) (5)	£170,001 - £175,000	£0	£0 - £5,000***	£0	£0	£170,001 - £175,000
Daniel Elkeles, Chief Executive Officer (from 1 September 2021) (6)	£130,001 - £135,000	£0	£0 - £5,000	£0	£35,001 - £37,500	£165,001 - £170,000
Lorraine Bewes, Chief Finance Officer (1 April 2021 to 5 December 2021) (7)	£120,001 - £125,000	£0	£5,001 - £10,000	£0	£0	£130,001 - £135,000
Rakesh Patel, Chief Finance Officer (from 6 December 2021) (8)	£45,001 - £50,000	£0	£0 - £5,000	£0	£0	£50,001 - £55,000
John Martin, Chief Paramedic and Quality Officer, and Deputy Chief Executive (from 1st October 2021)	£135,001 - £140,000	£0	£0 £0	£0	£85,001 - £87,500	£220,001 - £225,000
Fenella Wrigley, Chief Medical Officer, and Deputy Chief Executive (from 1st October 2021)	£120,001 - £125,000	£0	£5,001 - £10,000	£0	£70,001 - £72,500	£200,001 - £205,000
Khadir Meer, Chief Operating Officer (1 April 2021 to 24 September 2021) (9)	£80,001 - £85,000	£0	£10,001 - £15,000	£0	£0	£90,001 - £95,000
Kim Nurse, Director of People and Culture (1 April 2021 to 13 June 2021) (10)	£45,001 - £50,000	£0	£0	£0	£0	£45,001 - £50,000
Damian McGuinness, Director of People and Culture (from 14 June 2021) (11)	£100,001 - £105,000	£0	£0	£0	£52,501 - £55,000	£155,001 - £160,000

* Taxable expenses and benefits in kind are expressed to the nearest £100. The values and bands used to disclose sums in this table are prescribed by the Cabinet Office through Employer Pension Notices and replicated in the HM Treasury Financial Reporting Manual.

**The performance pay payments noted relate to the financial year 2020/21 and 2021/22.

***Includes recovery of bonus payment of £10,490 paid twice in error in 2020/21.

**** The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, less, the contributions made by the individual. The real increase excludes increases due to inflation or any increase or decrease due to a transfer of pension rights. This value does not represent an amount that will be received by the individual. It is a calculation that is intended to convey to the reader of the accounts an estimation of the benefit that being a member of the pension scheme could provide. The pension benefit table provides further information on the pension benefits accruing to the individual.

1 Jayne Mee, salary for four months, the full year equivalent is £13,000
2 Anne Rainsberry, salary for eleven months, the full year equivalent is £13,000
3 Robert Alexander, salary for seven months, the full year equivalent is £13,000
4 Line De Decker, salary for ten months, the full year equivalent is £13,000
5 Garrett Emmerson, salary for five months, the full year equivalent is £211,969
6 Daniel Elkeles, salary for seven months, the full year equivalent is £221,276 assumes achievement of performance related pay (£14,476)
7 Lorraine Bewes, salary for nine months, the full year equivalent is £160,498 assumes achievement of performance related pay (£10,548)
8 Rakesh Patel, salary for four months, the full year equivalent is £164,950 assumes achievement of performance related (£15,000)
9 Khadir Meer, salary for six months, the full year equivalent is £160,000 assumes achievement of performance related pay(£6,941)
10 Kim Nurse, salary for two and half months, the full year equivalent is £195,000
11 Damian McGuinness, salary for nine and half months, the full year equivalent is £130,000

Name and title	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2022 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2022 (bands of £5,000)	Cash Equivalent Transfer Value at 1 April 2021	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2022	Employer's contribution to stakeholder pension
Daniel Elkeles, Chief Executive Officer (from 1 September 2021)	£5,001 - £7,500	£2,501 - £5,000	£70,001 - £75,000	£115,001 - £120,000	£1,033,138	£73,927	£1,170,940	£0
Roger Davidson, Director of Strategy and Transformation	£2,501 - £5,000	£2,501 - £5,000	£35,001 - £40,000	£50,001 - £55,000	£594,289	£59,758	£691,833	£0
John Martin, Chief Paramedic and Quality Officer	£0 - £2,500	£0 - £2,500	£35,001 - £40,000	£60,001 - £65,000	£479,435	£22,420	£522,297	£0
Damian McGuinness, Director of People and Culture (from 14 June 2021)***	£0 - £2,500	£0	£25,001 - £30,000	£35,001 - £40,000	£317,502	£9,049	£338,011	£0
Fenella Wrigley, Chief Medical Officer****	£0	£0	£65,001 - £70,000	£130,001 - £135,000	£1,190,831	£0	£1,229,543	£0

Rakesh Patel, Mark Easton and Anthony Tiernan chose not to be covered by the pension arrangements during the reporting year.

** Non-Executive Directors do not receive pensionable remuneration; there are no disclosures in respect of pensions for Non-Executive Directors.

***Fenella Wrigley, pension has been recalculated by the NHS Pensions Agency to correct an overpayment, the figures presented in the table are after the correction.

****Damian McGuinness has opted out from pension scheme from 1 May 2022.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme. CETVs are calculated in accordance with SI 2008 No. 1050 Occupational Pension Schemes (Transfer Values) Regulations 2008 (23).

Real increase in CETV reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

Table 1: Exit packages (audited) 2022/23

Exit Package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies £000s	Number of other departures agreed	Cost of other departures agreed £000s	Total number of exit packages	Total cost of exit packages £000s	Number of departures where special payments have been made	Cost of special payment element included in exit packages £000s
£10,000 - £25,000	4	62			4	62		
£25,001 - £50,000	2	75	2	81	4	156		
£50,001 - £100,000	1	50	4	298	5	348		
£100,001 - £150,000								
£150,001 - £200,000								
>£200,000								
Totals	7	187	6	379	13	566		

Redundancy and other departure costs have been paid in accordance with the provisions of Agenda for Change. Exit costs in this note are accounted for in full in the year of departure. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS pensions scheme. Ill-health retirement costs are met by the NHS pensions scheme and are not included in the table.

This disclosure reports the number and value of exit packages taken by staff leaving in the year.

Table 2 - Exit packages (audited) 2021/22

Exit Package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies £000s	Number of other departures agreed	Cost of other departures agreed £000s	Total number of exit packages	Total cost of exit packages £000s	Number of departures where special payments have been made	Cost of special payment element included in exit packages £000s
£10,000 - £25,000			2	43	2	43		
£50,001 - £100,000			1	71	1	71		
£100,001 - £150,000								
£150,001 - £200,000								
>£200,000			1	250*	1	250		
Totals			4	364	4	364		

* The Trust resolved an outstanding employment tribunal in this financial year relating to a dismissal that took place in 2018. Whilst this is an historical case, the learning has been shared internally as well with the ambulance sector, to mitigate such events happening again.

Redundancy and other departure costs have been paid in accordance with the provisions of Agenda for Change. Exit costs in this note are accounted for in full in the year of departure. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS pensions scheme. Ill-health retirement costs are met by the NHS pensions scheme and are not included in the table.

This disclosure reports the number and value of exit packages taken by staff leaving in the year.

Note: The expense associated with these departures may have been recognised in part or in full in a previous period.

Reporting of other compensation schemes – Exit packages

	2022/23		2021/22	
	Agreements	Total value of agreements	Agreements	Total value of agreements
	Number	£000s	Number	£000s
Voluntary redundancies including early retirements contractual costs	2	81	0	0
Mutually agreed resignations (MARS) contractual costs	4	294	0	0
Early retirements in the efficiency of the service contractual costs	0	0	0	0
Contractual payments in lieu of notice	0	0	3	114
Exit payments following Employment Tribunals or court orders	0	0	0	0
Non-contractual payments requiring HMT approval	0	0	1	250
Total	**6**	**375**	**4**	**364**

As a single exit package can be made up of several components each of which will be counted separately in this Note, the total number above will not necessarily match the total numbers in Table 1 which represents the number of individuals.

The Remuneration Report includes disclosure of exit payments payable to individuals named in that Report

Off-Payroll Engagements

Table 1: Length of all highly paid off-payroll engagements

For all off-payroll engagements as of 31 March 2023, for more than £245* per day:

	Number
Number of existing engagements as of 31 March 2023	0
Of which, the number that have existed:	
for less than one year at time of reporting	0
for between one and two years at time of reporting	0
for between two and three years at the time of reporting	0
for between three and four years at the time of reporting	0
for four or more years at the time of reporting	0

Note

* The £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant.

Table 2: Off-Payroll workers engaged at any point during the financial year

For all off-payroll engagements between 1 April 2022 and 31 March 2023, for more than £245* per day:

	Number
Numbers of temporary off-payroll workers engaged between 1 April 2021 and 31 March 2022	0
Of which:	
Numbers not subject to off-payroll legislation**	
Numbers subject to off-payroll legislation and determined as in-scope of IR35**	0
Numbers subject to off-payroll legislation and determined as out of scope of IR35**	0
Numbers of engagements reassessed for compliance or assurance purposes during the year	0
Of which:	
Numbers of engagements that saw a change to IR35 status following review	0

Note

* The £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant.

** A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the Department must undertake an assessment to determine whether that worker is in-scope of Intermediaries legislation (IR35) or out-of-scope for tax purposes.

Table 3: Off-payroll board member/senior official engagements

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2022 and 31 March 2023.

Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year.*	0
Total number of individuals on payroll and off-payroll that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year. This figure must include both on payroll and off-payroll engagements **	17

Note

* There should only be a very small number of off-payroll engagements of board members and/or senior officials with significant financial responsibility, permitted only in exceptional circumstances and for no more than six months.

** As both on payroll and off-payroll engagements are included in the total figure, no entries here should be blank or zero.

In any cases where individuals are included within the first row of this table the department should set out:

- Details of the exceptional circumstances that led to each of these engagements.
- Details of the length of time each of these exceptional engagements lasted.

Staff report

Average Staff Numbers (FTE)

The average number of permanent staff employed was 6,827. During 2022/23 the Trust brought in-house the make-ready team and continued to recruit additional ambulance and 999 and 111 call handling staff.

Staff Category	Total Number	Permanently Employed number	Other Number
Medical and Dental	7	5	2
Ambulance Service	2,944	2,909	35
Administration and Estates	2,557	2,382	175
Healthcare Assistants and other Support Staff	1,510	1,505	5
Nursing, Midwifery and Heath Visiting Staff	28	24	4
Scientific, Therapeutic and Technical	2	2	0
Total	**7,048**	**6,827**	**221**

The average number of employees is calculated as the whole time equivalent number of employees under contract of service in each week in the financial year, divided by the number of weeks in the financial year. The "contracted hours" method of calculating whole time equivalent number should be used, that is, dividing the contracted hours of each employee by the standard working hours.

Staff Composition

At the end of March 2023, we had a workforce headcount of 7,480 staff, made up of 3,779 women and 3,701 men. This was broken down as follows:

	Total	Female	Male
Directors	12	5	7
Senior Managers	209	88	121
Employees	7,259	3,686	3,573
Total	**7,480**	**3,779**	**3,701**

We are proud to have been able to recruit over 900 frontline ambulance staff and over 350 call handling staff across our 999 and 111 services this year. During this time, a total of 811 people left the Service – a turnover rate of 12 per cent, compared to 13 per cent in 2021/2022.

Staff Sickness

Our Supporting Attendance Group, comprised of People and Culture, Wellbeing and Operational colleagues, has overseen the approach to supporting improving attendance across the Trust. This has included the introduction and embedding of the first day absence reporting service, launched in September 2022, provided by our partner GoodShape. This has been a core enabler to facilitate colleagues back to work and has developed close links with our new Occupational Health provider in fast-tracking occupational health referrals and with our Employee Assistance Programme and Wellbeing Teams as part of an integrated approach we are taking to employee health and wellbeing. The sickness absence figures are reported on a calendar year basis for 2022 (January to December) and are shown below.

Figures Converted by DH to Best Estimates of Required Data Items		Statistics Published by NHS Digital from ESR Data Warehouse		
Average FTE for 2022	Adjusted FTE days lost to Cabinet Office definitions	FTE-Days Available	FTE-Days lost to Sickness Absence	Average Sick Days per FTE
6,652	**129,680**	**2,427,855**	**210,369**	**19.5**

Staff Policies

We embrace our obligations under equalities legislation, including the Equality Act 2010. Our aim is to ensure that equality and inclusion is integral to everything we do.

We welcome people to our organisation from any background, who are committed to providing high-quality care that meets the needs of the diverse communities we serve. We aim to provide innovative and responsive healthcare which meets the needs of all these communities, providing better healthcare for all.

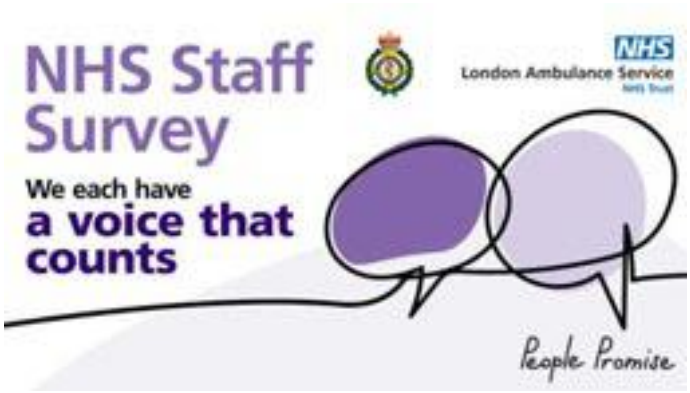
Our policy is to treat everyone fairly and without discrimination, and we want to ensure that:

- patients and customers receive fair and equal access to our healthcare service;
- everyone is treated with dignity and respect; and
- staff experience fairness and equality of opportunity and treatment in their workplace.

We want to be an employer of choice and attract the best and most talented people from all walks of life to a career where they can develop to their full potential.

As an employer, we are focusing on:

- celebrating and encouraging the diversity of our workforce and creating a working environment where everyone feels included and appreciated for their work;
- promoting and providing training and employment opportunities regardless of age, disability, gender reassignment, marital status, pregnancy or maternity, race, religion or belief, sex, sexual orientation or any other aspect of an individual person's background; and
- fostering creativeness and innovation in our working environment, so that all staff can deliver to the best of their ability and help us take forward our equality and inclusion goals.



Staff Survey

2022 NHS Staff Survey Results

The National NHS Staff Survey was held between September and November 2022. All staff in substantive roles on 1 September 2022 were invited to take part in the survey. The LAS achieved a response rate of 62%, meaning 4,394 colleagues responded to the survey. The LAS had the highest response rate amongst ambulance services.

The survey results are reported against the seven elements of the NHS People Promise, and the themes of "Morale" and "Staff Engagement". Each element and theme is given a score between 0 and 10, depending on the positivity of the questions in that area. The graph below shows that our scores are within 0.1 of the ambulance sector average for all elements/themes, except for We Work Flexibly, which is 0.2 above average, and We are Safe and Healthy, which is 0.2 below average.

Work Done Since Last Year's Survey

The 'Our LAS' Cultural Transformation Programme has made a significant impact on this year's results, especially around appraisals and career development. For example the 62% of colleagues feel that there are opportunities to develop their career in this organisation, a 4% improvement on the 2021 results, and placing us 11% above the ambulance sector average. We have also seen improvements in both the number of colleagues who have had an appraisal, and the quality of those appraisals.

Trade Union Facility Time

The following information is published in accordance with The Trade Union (Facility Time Publication Requirements) Regulations. The relevant period is 1 April 2022 to 31 March 2023. A total of 14 employees were engaged in TU activities. These 14 employees spend a total of 15,643 hours on Facility Time at a cost

of £0.4 million. The Trust has a reasonable allocation of time off arrangements with all the recognised trade unions. This has served the employee relations climate very well over recent years particularly given all the difficult and sensitive issues arising from the pandemic since March 2020 and more recently the strike period at end of 2022. The Staff Side and management work well together both formally through the usual consultative arrangements, such as the Partnership Forum, as well as informally through regular discussions that take place most weeks and less frequently at Regional level.

Next Steps

At a Service-wide level, the next stages of the 'Our LAS' programme involve leadership and teamwork, with the launch of the 'Our LAS, Our Leaders' scheme which will see 100 line managers undertake a NVQ level 6 management qualification and the embedding of Teams-Based Working across our Ambulance Services group stations.

People and Culture colleagues are also working with leadership teams across the Service to help them understand what their results are telling them and form action plans to address the issues raised by colleagues.

3. Annual Accounts 2022/23

Statement of the chief executive's responsibilities as the accountable officer of the Trust

The Chief Executive of NHS England has designated that the Chief Executive should be the Accountable Officer of the trust. The relevant responsibilities of Accountable Officers are set out in the NHS Trust Accountable Officer Memorandum. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- value for money is achieved from the resources available to the trust
- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- effective and sound financial management systems are in place and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, other items of comprehensive income and cash flows for the year.

As far as I am aware, there is no relevant audit information of which the trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Daniel Elkeles
Chief Executive Date: 27/06/23

Statement of directors' responsibilities in respect of the accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS trust's performance, business model and strategy

By order of the Board

Duties as the accountable officer of the Trust

The Chief Executive of NHS England has designated that the Chief Executive should be the Accountable Officer of the trust. The relevant responsibilities of Accountable Officers are set out in the NHS Trust Accountable Officer Memorandum. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- value for money is achieved from the resources available to the trust
- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- effective and sound financial management systems are in place and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, other items of comprehensive income and cash flows for the year.

As far as I am aware, there is no relevant audit information of which the trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

NHS
London Ambulance Service
NHS Trust

Annual accounts

for the year ended 31 March 2023

INDEPENDENT AUDITOR'S REPORT TO THE BOARD OF DIRECTORS OF LONDON AMBULANCE SERVICE NHS TRUST

REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of London Ambulance Service NHS Trust ("the Trust") for the year ended 31 March 2023 which comprise the Statement of Comprehensive Income, Statement of Financial Position, Statement of Changes in Equity and Statement of Cash Flows, and the related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the Trust's affairs as at 31 March 2023 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by the Secretary of State for Health and Social Care with the consent of HM Treasury on 23 June 2022 as being relevant to NHS Trusts in England and included in the Department of Health and Social Care Group Accounting Manual 2022/23; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended).

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Going concern

The directors have prepared the financial statements on the going concern basis as they have not been informed by the relevant national body of the intention to either cease the Trust's services or dissolve the Trust without the transfer of its services to another public sector entity. They have also concluded that there are no material uncertainties that could have cast significant doubt over its ability to continue as a going concern for at least a year from the date of approval of the financial statements ("the going concern period").

In our evaluation of the Directors' conclusions, we considered the inherent risks associated with the continuity of services provided by the Trust over the going concern period.

Our conclusions based on this work:

- we consider that the Directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate: and
- we have not identified, and concur with the Directors' assessment that there is not, a material uncertainty related to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for the going concern period.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the above conclusions are not a guarantee that the Trust will continue in operation.

Fraud and breaches of laws and regulations - ability to detect

Identifying and responding to risks of material misstatement due to fraud

To identify risks of material misstatement due to fraud ("fraud risks") we assessed events or conditions that could indicate an incentive or pressure to commit fraud or provide an opportunity to commit fraud. Our risk assessment procedures included:

- Enquiring of management, the Audit Committee and internal audit and inspection of policy fraud, including the internal audit function, and the Trust's channel for "whistleblowing", as ,well as whether they have knowledge of any actual, suspected or alleged fraud.
- Assessing the incentives for management to manipulate reported financial performance as a

result of the need to achieve financial performance targets delegated to the Trust by NHS England.

- Reading Board and Audit Committee minutes.
- Using analytical procedures to identify any unusual or unexpected relationships.

We communicated identified fraud risks throughout the audit team and remained alert to any indications of fraud throughout the audit.

As required by auditing standards, we performed procedures to address the risk of management override of controls in particular the risk that Trust management may be in a position to make inappropriate accounting entries. On this audit we did not identify a fraud risk related to revenue recognition due to the block nature of the funding provided to the Trust during the year. We therefore assessed that there was limited opportunity for the Trust to manipulate the income that was reported.

We also identified a fraud risk related to expenditure recognition in response to the pressure arising from the Trust's breakeven duty, which could create an incentive for management to fraudulently understate the value of expenditure recorded in relation to non-pay expenditure, and accrued pay expenditure.

We also performed procedures including:

- Identifying journal entries to test based on risk criteria and comparing the identified entries to supporting documentation. These included journals posted as part of the year-end closure process that reduced expenditure.
- Assessing whether the judgements made in making accounting estimates are indicative of a potential bias, in particular accruals relating to workforce obligations.
- Selecting a sample of invoices received and payments made in April and May 2023 to assess whether they related to the financial year and, if so, whether they were recorded in that period.
- Re-calculating a sample of accruals relating to staff bonuses, the non-consolidated pay award, and overtime.

Identifying and responding to risks of material misstatement related to non-compliance with laws and regulations

We identified areas of laws and regulations that could reasonably be expected to have a material effect on the financial statements from our general sector experience and through discussion with the directors and other management (as required by auditing standards), and from inspection of the Trust's regulatory and legal correspondence and discussed with the directors and other management the policies and procedures regarding compliance with laws and regulations.

We communicated identified laws and regulations throughout our team and remained alert to any indications of non-compliance throughout the audit.

The potential effect of these laws and regulations on the financial statements varies considerably.

Firstly, the Trust is subject to laws and regulations that directly affect the financial statements, including the financial reporting aspects of NHS legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.

Secondly, the Trust is subject to many other laws and regulations where the consequences of non-compliance could have a material effect on amounts or disclosures in the financial statements, for instance through the imposition of fines or litigation. We identified the following areas as those most likely to have such an effect: employment law, recognising the regulated nature of the Trust's activities. Auditing standards limit the required audit procedures to identify non-compliance with : these r laws and regulations to enquiry of the directors and other management and inspection of regulatory and legal correspondence, if any. Therefore if a breach of operational regulations is not disclosed to us or evident from relevant correspondence, an audit will not detect that breach.

Context of the ability of the audit to detect fraud or breaches of law or regulation

Owing to the inherent limitations of an audit, there is an unavoidable risk that we may not have detected some material misstatements in the financial statements, even though we have properly planned and performed our audit in accordance with auditing standards. For example, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely the inherently limited procedures required by auditing standards would identify it.

In addition, as with any audit, there remained a higher risk of non-detection of fraud, as these may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal controls. Our audit procedures are designed to detect material misstatement. We are not responsible for preventing non-compliance or fraud and cannot be expected to detect non compliance with all laws and regulations.

Other information in the Annual Report

The Directors are responsible for the other information, which comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information; and
- in our opinion the other information included in the Annual Report for the financial year is consistent with the financial statements.

Annual Governance Statement

We are required by the Code of Audit Practice published by the National Audit Office in April 2020 on behalf of the Comptroller and Auditor General (the "Code of Audit Practice") to report to you if the Annual Governance Statement has not been prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2022/23. We have nothing to report in this respect.

Remuneration and Staff Reports

In our opinion the parts of the Remuneration and Staff Reports subject to audit have been properly prepared in all material respects, in accordance with the Department of Health and Social Care Group Accounting Manual 2022/23.

Directors' and Accountable Officer's responsibilities

As explained more fully in the statement set out on page [A], the directors are responsible for the preparation of financial statements that give a true and fair view. They are also responsible for: such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to either cease the services provided by the Trust or dissolve the Trust without the transfer of its services to another public sector entity. As explained more fully in the statement of the Chief Executive's responsibilities, as the Accountable Officer of the Trust, on Page [BJ the Accountable Officer is responsible for ensuring that annual statutory accounts are prepared in a format directed by the Secretary of State.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance ab ut whethe the financial 1statembnts as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.orq.uk/auditorsresponslbilities.

REPORT ON OTHER LEGAL AND REGULATORY MATTERS

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report if we identify any significant weaknesses in the arrangements that have been made by the Trust to secure economy, efficiency and effectiveness in its use of resources.

We have nothing to report in this respect.

Respective responsibilities in respect of our review of arrangements for securing economy, efficiency and effectiveness in the use of resources

As explained in the statement set out on page [A], the Chief Executive, as the Accountable Officer, is responsible for ensuring that value for money is achieved from the resources available to the Trust. We are required under section 21(2A) of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have planned our work and undertaken our review in accordance with the Code of Audit Practice and related statutory guidance having regard to whether the Trust had proper arrangements in place to ensure financial sustainability, proper governance and to use information about costs and performance to improve the way it manages and delivers its services. Based on our risk assessment, we undertook such work as we considered necessary.

Statutory reporting matters

We are required by Schedule 2 to the Code of Audit Practice issued by the Comptroller and Auditor General ('the Code of Audit Practice') to report to you if we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in this respect.

THE PURPOSE OF OUR AUDIT WORK AND TO WHOM WE OWE OUR RESPONSIBILITIES

This report is made solely to the Board of Directors of London Ambulance Service NHS Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Board of the Trust, as a body, those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Board of the Trust, as a body, for our audit work, for this report or for the opinions we have formed.

CERTIFICATE OF COMPLETION OF THE AUDIT

We certify that we have completed the audit of the accounts of London Ambulance Service NHS Trust for the year ended 31 March 2023 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Dean Gibbs
for and on behalf of KPMG LLP
Chartered Accountants
15 Canada Square London
E14 5GL
27 June 2023

Statement of Comprehensive Income for the year ended 31 March 2023

	Note	2022/23 £000	2021/22 £000
Operating income from patient care activities	3	631,842	595,171
Other operating income	4	14,364	7,924
Operating expenses	6	(645,609)	(601,832)
Operating surplus from continuing operations		**597**	**1,263**
Finance income	9	1,252	25
Finance expenses	10	(138)	83
PDC dividends payable		(4,418)	(4,890)
Net finance costs		**(3,304)**	**(4,782)**
Other gains / (losses)	12	(3,957)	(626)
Deficit for the year		**(6,664)**	**(4,145)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	7	(2,511)	(441)
Revaluations		5,226	602
Total comprehensive expense for the period		**(3,949)**	**(3,984)**

Statement of Financial Position as at 31 March 2023

	Note	31 March 2023 £000	31 March 2022 £000
Non-current assets			
Intangible assets	13	9,893	13,612
Property, plant and equipment	16	212,403	211,485
Right of use assets	17	30,799	
Receivables	19	33	54
Total non-current assets		**253,128**	**225,151**
Current assets			
Inventories	18	3,867	6,869
Receivables	19	45,863	20,984
Cash and cash equivalents	20	27,887	47,875
Total current assets		**77,617**	**75,728**
Current liabilities			
Trade and other payables	22	(88,191)	(85,623)
Borrowings	24	(5,360)	-
Provisions	26	(3,062)	(3,485)
Other liabilities	23	(1,456)	(2,791)
Total current liabilities		**(98,069)**	**(91,899)**
Total assets less current liabilities		**232,676**	**208,980**
Non-current liabilities			
Borrowings	24	(23,320)	(107)
Provisions	26	(22,323)	(20,224)
Total non-current liabilities		**(45,643)**	**(20,331)**
Total assets employed		**187,033**	**188,649**
Financed by			
Public dividend capital		86,936	85,097
Revaluation reserve		46,930	46,254
Other reserves		(419)	(419)
Income and expenditure reserve		53,586	57,717
Total taxpayers' equity		**187,033**	**188,649**

The notes on pages 104 to 137 form part of these accounts.

Daniel Elkeles
Chief Executive Date: 26/06/23

Statement of Cash Flows for the year ended 31 March 2023

	Note	2022/23 £000	2021/22 £000
Cash flows from operating activities			
Operating surplus		597	1,263
Non-cash income and expense:			
Depreciation and amortisation	6	28,609	22,921
Net impairments	7	9,010	3,536
Income recognised in respect of capital donations	4	(209)	-
(Increase) / decrease in receivables and other assets		(25,245)	8,139
(Increase) / decrease in inventories		3,002	(429)
Increase / (decrease) in payables and other liabilities		4,244	9,931
Increase / (decrease) in provisions		501	7,856
Other movements in operating cash flows		10	-
Net cash flows from / (used in) operating activities		**20,519**	**53,217**
Cash flows from investing activities			
Interest received		1,252	25
Purchase of intangible assets		(1,056)	(2,620)
Proceeds from sales of intangible assets		33	-
Purchase of PPE and investment property		(32,923)	(45,061)
Sales of PPE and investment property		-	121
Initial direct costs or up front payments in respect of new right of use assets (lessee)		(271)	
Receipt of cash donations to purchase assets		209	-
Net cash flows from / (used in) investing activities		**(32,756)**	**(47,535)**
Cash flows from financing activities			
Public dividend capital received		1,839	7,257
Movement on other loans		(107)	-
Capital element of lease liability repayments		(4,232)	-
Other interest		-	(2)
Interest element of lease liability repayments		(258)	-
PDC dividend (paid) / refunded		(4,993)	(4,849)
Net cash flows from / (used in) financing activities		**(7,751)**	**2,406**
Increase / (decrease) in cash and cash equivalents		**(19,988)**	**8,088**
Cash and cash equivalents at 1 April - brought forward		**47,875**	**39,787**
Cash and cash equivalents at 31 March	20	**27,887**	**47,875**

Statement of Changes in Equity for the year ended 31 March 2023

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2022 - brought forward	**85,097**	**46,254**	**(419)**	**57,717**	**188,649**
Implementation of IFRS 16 on 1 April 2022	**-**	**-**	**-**	494	**494**
Deficit for the year	-	-	-	(6,664)	**(6,664)**
Other transfers between reserves	-	(2,039)	-	2,039	**-**
Impairments	-	(2,511)	-	-	**(2,511)**
Revaluations	-	5,226	-	-	**5,226**
Public dividend capital received	1,839	-	-	-	**1,839**
Taxpayers' and others' equity at 31 March 2023	**86,936**	**46,930**	**(419)**	**53,586**	**187,033**

Statement of Changes in Equity for the year ended 31 March 2022

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2021 - brought forward	**77,840**	**47,908**	**(419)**	**60,047**	**185,376**
Deficit for the year	-	-	-	(4,145)	**(4,145)**
Other transfers between reserves	-	(1,813)	-	1,813	**-**
Impairments	-	(441)	-	-	**(441)**
Revaluations	-	602	-	-	**602**
Transfer to retained earnings on disposal of assets	-	(2)	-	2	**-**
Public dividend capital received	7,257	-	-	-	**7,257**
Taxpayers' and others' equity at 31 March 2022	**85,097**	**46,254**	**(419)**	**57,717**	**188,649**

Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the trust.

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2022/23 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

The Directors of the Trust have considered whether there are any local or national policy decisions that are likely to affect the continued funding and provision of services by the Trust. The Trust is a member of the North West London Integrated Care System (ICS). The ICS has published its Strategic Delivery Plan and NHS Long Term Plan response for the five year period 2020/21 to 2024/25. This plan includes the continued provision of services by the Trust. No circumstances were identified causing the Directors to doubt the continued provision of NHS services.

This year the Trust reported a £6.7m accounting deficit and a £0.1m surplus adjusted financial performance. The majority of the Trust's income from Commissioners was based on block contracts. The closing cash balance was £27.9m at 31st March 2023.

The Trust is planning to break even in 2023/24. This financial plan is predicated on receiving income of £651.0m. The Trust has sufficient cash to continue its operations throughout 2023/24 financial year.

Our going concern assessment is made up to 30/06/2024. The Trust has prepared a cash forecast modelled on the above expectations for funding during the going concern period to 30/06/2024 and these have been tested using a downside scenario analysis with and without mitigation.

Interim support can be accessed if it were required, but there is currently no such identified requirement.

In conclusion, these factors, and the anticipated future provision of services in the public sector, support the Trust's adoption of the going concern basis for the preparation of the accounts.

Note 1.3 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to

consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts
The main source of income for the Trust is contracts with commissioners for health care services.

Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's income is earned from NHS commissioners in the form of fixed payments to fund an agreed level of activity.

The Trust also receives income from contracts that are based on payment for the level of activity performed, and contracts that are based on delivery of a level of service.

Revenue from research contracts
Where research contracts fall under IFRS 15, revenue is recognised as and when performance obligations are satisfied. For some contracts, it is assessed that the revenue project constitutes one performance obligation over the course of the multi-year contract. In these cases it is assessed that the Trust's interim performance does not create an asset with alternative use for the Trust, and the Trust has an enforceable right to payment for the performance completed to date. It is therefore considered that the performance obligation is satisfied over time, and the Trust recognises revenue each year over the course of the contract. Some research income alternatively falls within the provisions of IAS 20 for government grants.

NHS injury cost recovery scheme
The Trust receives income under the NHS injury cost recovery scheme, designed to reclaim the cost of treating injured individuals to whom personal injury compensation has subsequently been paid, for instance by an insurer. The Trust recognises the income when performance obligations are satisfied. In practical terms this means that treatment has been given, it receives notification from the Department of Work and Pension's Compensation Recovery Unit, has completed the NHS2 form and confirmed there are no discrepancies with the treatment. The income is measured at the agreed tariff for the treatments provided to the injured individual, less an allowance for unsuccessful compensation claims and doubtful debts in line with IFRS 9 requirements of measuring expected credit losses over the lifetime of the asset.

Note 1.4 Other forms of income

Grants and donations
Government grants are grants from government bodies other than income from commissioners or Trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grant is used to fund capital expenditure, it is credited to the consolidated statement of comprehensive income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income
The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Note 1.5 Expenditure on employee benefits

Short-term employee benefits
Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme
Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both schemes are unfunded, defined benefit schemes that cover NHS employer, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the Trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as they become due.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the Trust commits itself to the retirement, regardless of the method of payment.

Expenditure on other goods and services
Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.6 Property, plant and equipment

Recognition
Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Subsequent expenditure
Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement
Valuation
All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where the services provided from that asset could also reasonably be delivered from an alternative location and a suitable location has been identified.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees. Assets

are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation
Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which have been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the Trust, respectively.

Revaluation gains and losses
Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments
In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition
Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their fair value less costs to sell. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets
Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

This includes assets donated to the Trust by the Department of Health and Social Care as part of the

response to the coronavirus pandemic. As defined in the GAM, the Trust applies the principle of donated asset accounting to assets that the Trust controls and is obtaining economic benefits from at the year end.

Useful lives of property, plant and equipment
Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives is shown in the table below:

	Min life Years	Max life Years
Buildings, excluding dwellings	3	99
Plant & machinery	5	15
Transport equipment	2	10
Information technology	3	8
Furniture & fittings	3	10

Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the Trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Note 1.7 Intangible assets

Recognition
Intangible assets are non-monetary assets without physical substance which are capable of being sold separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the Trust and where the cost of the asset can be measured reliably.

Internally generated intangible assets
Internally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets. Expenditure on research is not capitalised. Expenditure on development is capitalised when it meets the requirements set out in IAS 38.

Software
Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset.

Measurement
Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management. Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement cost and the value in use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Amortisation
Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.
Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives is shown in the table below:

	Min life Years	Max life Years
Intangible assets – purchased		
Information technology	3	7
Software licences	3	7

Note 1.8 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

In 2021/22 and 2022/23, the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department.

Note 1.9 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.10 Financial assets and financial liabilities

Recognition
Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement
Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets and liabilities are classified as subsequently measured at amortised cost

Financial assets and financial liabilities at amortised cost
Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense

Impairment of financial assets
For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses.

For financial assets due from entities outside the DHSC group the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2). No such stage 1 and stage 2 allowance is made for assets due from entities inside the DHSC group.

For all financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

For intra-DHSC debt not recognising level 1 and 2 expected credit losses for intra-DHSC debt

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

De-recognition
Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.11 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract.

It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The Trust as a lessee

Recognition and initial measurement
At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 0.95% applied to new leases commencing in 2022 and 3.51% to new leases commencing in 2023.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement
As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent

measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust as a lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Where the Trust is an intermediate lessor, classification of the sublease is determined with reference to the right of use asset arising from the headlease.

Finance leases
Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases
Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Initial application of IFRS 16

IFRS 16 Leases as adapted and interpreted for the public sector by HM Treasury has been applied to these financial statements with an initial application date of 1 April 2022. IFRS 16 replaces IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations.

The standard has been applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 have only been applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments have not been revisited.

The Trust as lessee

For continuing leases previously classified as operating leases, a lease liability was established on 1 April 2022 equal to the present value of future lease payments discounted at the Trust's incremental borrowing rate of 0.95%. A right of use asset was created equal to the lease liability and adjusted for prepaid and accrued lease payments and deferred lease incentives recognised in the statement of financial position immediately prior to initial application. Hindsight has been used in determining the lease term where lease arrangements contain options for extension or earlier termination.

No adjustments have been made on initial application in respect of leases with a remaining term of 12 months or less from 1 April 2022 or for leases where the underlying assets has a value below £5,000. No adjustments have been made in respect of leases previously classified as finance leases.

The Trust as lessor

Leases of owned assets where the Trust is lessor were unaffected by initial application of IFRS 16. For existing arrangements where the Trust is an intermediate lessor, classification of all continuing sublease arrangements has been reassessed with reference to the right of use asset.

2021/22 comparatives.

Comparatives for leasing transactions in these accounts have not been restated on an IFRS 16 basis. Under IAS 17 the classification of leases as operating or finance leases still applicable to lessors under IFRS 16 also applied to lessees. In 2021/22 lease payments made by the Trust in respect of leases previously classified as operating leases were charged to

expenditure on a straight line basis.

Note 1.12 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation.

Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2023:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	3.27%	0.47%
Medium-term	After 5 years up to 10 years	3.20%	0.70%
Long-term	After 10 years up to 40 years	3.51%	0.95%
Very long-term	Exceeding 40 years	3.00%	0.66%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2023:

	Inflation rate	Prior year rate
Year 1	7.40%	4.00%
Year 2	0.60%	2.60%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's pension discount rate of 1.70% in real terms (prior year: minus 1.30%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed at note 26 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.13 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Note 1.14 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has

determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined in the PDC dividend policy issued by the Department of Health and Social Care. This policy is available at https://www.gov.uk/government/publications/guidance-on-financing-available-to-nhs-trusts-and-foundation-trusts

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.15 Value added tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

Note 1.16 Climate change levy

Expenditure on the climate change levy is recognised in the Statement of Comprehensive Income as incurred, based on the prevailing chargeable rates for energy consumption.

Note 1.17 Third party assets

Assets belonging to third parties in which the Trust has no beneficial interest (such as money held on behalf of patients) are not recognised in the accounts. However, they are disclosed in a separate note to the accounts in accordance with the requirements of HM Treasury's FReM.

Note 1.18 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.

The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.19 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2022/23.

Note 1.20 Standards, amendments and interpretations in issue but not yet effective or adopted

IFRS 14 and IFRS 17 are in issue but not yet effective or adopted by the Trust. Neither is forecasted to materially impact the Trust.

Note 1.21 Critical judgements in applying accounting policies

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

1. Non consolidation of immaterial controlled entities. Immaterial controlled entities are the Trust's related Charity and three dormant trading companies.

Note 1.22 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

1. The Trust has a £12,365k provision relating to amounts retrospectively payable to past and present employees for work done in 2022/23 and prior years. The provision is forecast to be paid no earlier than one year and not later than five years from the balance sheet date.

   The Trust has valued this provision using the underlying employee payments made in the years affected, the corrective settlement cost incurred in other, similar, retrospective payments, and after considering independent legal advice received.

   There are a number of uncertainties around the value of the provision. These uncertainties concern the number of years of employment any claim will cover, the types of existing payroll payments that will be included in any claim, and how the claim will interact with other, similar, retrospective payments already made.

   The value of the provision is sensitive to the uncertainties set out above and whether any settlement will include the payment of interest and legal costs. The timing of the settlement of is also sensitive to when claims are received and the time it takes to process these claims.

   Other provisions are based on the best estimates of future payments that will need to be made to meet current obligations. The basis of these estimates and the timing of the cash flows are described in the relevant note. Provisions are discounted and unwound using rates as set by HM Treasury.

2. The Trust holds land and buildings at fair value (as defined by our accounting policies).

   The Trust has adopted a policy of commissioning of a full land and building valuation every year. This policy will be reviewed annually.

   The Trust a professional third party valuer to undertake a full revaluation of its land and buildings as at 31 March 2023. The Trust and its valuers have made a number of judgements around the current and future use and condition of the estate. These judgements include:

   - The Modern Equivalent size and location of the Trust's estate;
   - The utility and condition of the Trust's estate, and how this compares to a what would be expected of a modern new facility;

3. The Trust also makes the following assumptions about the sources of estimation uncertainty that could result in an immaterial adjustment to the carrying amounts of assets and liabilities within the next financial year:

   1. The useful economic life of Trust assets is set by:

      a. Buildings: The Trust in line with its accounting policies, informed by the judgements made by the Trust's independent third party valuers

      b. Plant, equipment, and intangible assets: Trust professionals responsible for the custody and maintenance of the assets.

   No asset class is estimated to have a residual value, with current fair value depreciated or amortised over its estimated useful life to £nil.

   2. Accruals and deferred income are based on best estimates of the expenditure still to be incurred for this financial year and the income received that relates to next financial year. The element of accruals that requires estimation is immaterial to the Trust's financial statements.

   3. Income recognition – accrued income is estimated based on the level of services provided by the Trust in the year. The Trust makes a provision for bad debts which is an estimate of irrecoverable income based on historical recoverability.

Note 2 Operating Segments

The Trust Board considers that the Trust has only one segment which is the provision of accident and emergency services.

Note 3 Operating income from patient care activities

Note 3.1 Income from patient care activities (by nature)

All income from patient care activities relates to contract income recognised in line with accounting policy 1.3

	2022/23	2021/22
	£000	£000
Ambulance services		
A & E income	539,838	579,766
Other income	759	900
All services		
Additional pension contribution central funding**	16,746	14,411
Agenda for change pay award central funding***	15,035	-
Other clinical income	59,464	94
Total income from activities	**631,842**	**595,171**

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners. More information can be found in the 2022/23 National Tariff payments system documents.
https://www.england.nhs.uk/publication/past-national-tariffs-documents-and-policies/

**The employer contribution rate for NHS pensions increased from 14.3% to 20.6% (excluding administration charge) from 1 April 2019. Since 2019/20, NHS providers have continued to pay over contributions at the former rate with the additional amount being paid over by NHS England on providers' behalf. The full cost and related funding have been recognised in these accounts.

***In March 2023 the government announced an additional pay offer for 2022/23, in addition to the pay award earlier in the year. Additional funding was made available by NHS England for implementing this pay offer for 2022/23 and the income and expenditure has been included in these accounts as guided by the Department of Health and Social Care and NHS England. In May 2023 the government confirmed this offer will be implemented as a further pay award in respect of 2022/23 based on individuals in employment at 31 March 2023

Note 3.2 Income from patient care activities (by source)

	2022/23	2021/22
Income from patient care activities received from:	**£000**	**£000**
NHS England	39,750	22,285
Clinical commissioning groups	143,466	568,162
Integrated care boards	441,654	
Department of Health and Social Care	-	55
Other NHS providers	1,830	862
NHS other	5	1
Local authorities	-	-
Non-NHS: private patients	-	-
Non-NHS: overseas patients (chargeable to patient)	-	-
Injury cost recovery scheme	759	900
Non NHS: other	4,378	2,906
Total income from activities	**631,842**	**595,171**
Of which:		
Related to continuing operations	631,842	595,171
Related to discontinued operations	-	-

Note 4 Other operating income

	2022/23			2021/22		
	Contract income	Non-contract income	Total	Contract income	Non-contract income	Total
	£000	£000	£000	£000	£000	£000
Research and development	327	-	327	165	-	165
Education and training	8,976	2,050	11,026	3,922	748	4,670
Reimbursement and top up funding	-	-	-	476	-	476
Income in respect of employee benefits accounted on a gross basis	1,672	-	1,672	1,310	-	1,310
Receipt of capital grants and donations and peppercorn leases	-	209	209	-	-	-
Charitable and other contributions to expenditure	-	1,073	1,073	-	1,229	1,229
Other income	-	57	57	-	74	74
Total other operating income	**10,975**	**3,389**	**14,364**	**5,873**	**2,051**	**7,924**
Of which:						
Related to continuing operations			14,364			7,924
Related to discontinued operations			-			-

Note 5 Additional information on contract revenue (IFRS 15) recognised in the period

	2022/23	2021/22
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	2,791	251
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	-	-
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	31 March 2023	31 March 2022
	£000	£000
within one year	1,456	2,791
after one year, not later than five years	-	-
after five years	-	-
Total revenue allocated to remaining performance obligations	**1,456**	**2,791**

The trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the trust recognises revenue directly corresponding to work done to date is not disclosed.

Note 6 Operating expenses

	2022/23	2021/22
	£000	£000
Staff and executive directors costs	442,437	410,945
Remuneration of non-executive directors	174	165
Supplies and services - clinical (excluding drugs costs)	35,689	29,081
Supplies and services - general	38,787	40,975
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	672	924
Inventories written down	3	479
Consultancy costs	2,374	566
Establishment	14,623	12,289
Premises	19,839	14,519
Transport (including patient travel)	23,583	34,229
Depreciation on property, plant and equipment and right of use assets	25,968	20,761
Amortisation on intangible assets	2,641	2,160
Net impairments	9,010	3,536
Movement in credit loss allowance: contract receivables / contract assets	(86)	400
Increase/(decrease) in other provisions	-	417
Change in provisions discount rate(s)	(2,085)	318
Fees payable to the external auditor		
audit services- statutory audit	116	132
other auditor remuneration (external auditor only)	-	-
Internal audit costs	129	140
Clinical negligence	4,873	5,348
Legal fees	916	1,128
Insurance	998	1,218
Research and development	935	854
Education and training	18,244	10,920
Expenditure on short term leases (current year only)	1,125	
Expenditure on low value leases (current year only)	264	
Operating lease expenditure (comparative only)		7,039
Redundancy	-	67
Car parking & security	618	423
Hospitality	3	2
Other	3,759	2,797
Total	**645,609**	**601,832**
Of which:		
Related to continuing operations	645,609	601,832
Related to discontinued operations	-	-

Note 6.1 Other auditor remuneration

There was no other auditor remuneration in 2022/23 (2021/22 nil).The external audit fee show in Note 6 is gross of VAT as the Trust cannot recover VAT on external audit fees. The recipient of this fee pays this VAT to HMRC: the actual amount payable for their services is £98,000.

Note 6.2 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £1 million (2021/22: £2 million).

Note 7 Impairment of assets

	2022/23	2021/22
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Over specification of assets	2,589	-
Changes in market price	6,421	3,536
Total net impairments charged to operating surplus / deficit	**9,010**	**3,536**
Impairments charged to the revaluation reserve	2,511	441
Total net impairments	**11,521**	**3,977**

The impairment relating to an overspecification of assets relates to an IT scheme being brought into use in year. All other impairment movements relate to the Trust's annual revaluation of its land and buildings.

Note 8 Staff and Employee benefits

	2022/23	2021/22
	Total	Total
	£000	£000
Salaries and wages	348,453	327,069
Social security costs	42,305	36,634
Apprenticeship levy	1,760	1,593
Employer's contributions to NHS pensions	55,223	47,505
Pension cost - other	44	41
Termination benefits	-	67
Temporary staff (including agency)	8,284	6,513
Total gross staff costs	**456,069**	**419,422**
Recoveries in respect of seconded staff	-	-
Total staff costs	**456,069**	**419,422**
Of which		
Costs capitalised as part of assets	674	783

Note 8.1 Retirements due to ill-health

During 2022/23 there were 4 early retirements from the trust agreed on the grounds of ill-health (1 in the year ended 31 March 2022). The estimated additional pension liabilities of these ill-health retirements is £305k (£95k in 2021/22).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 8.2 Pension Costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation
A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation
The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

Note 9 Finance income

Finance income represents interest received on assets and investments in the period.

	2022/23	2021/22
	£000	£000
Interest on bank accounts	1,252	25
Total finance income	**1,252**	**25**

Note 10 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2022/23	2021/22
	£000	£000
Interest expense:		
Interest on lease obligations	257	-
Interest on late payment of commercial debt	-	2
Total interest expense	**257**	**2**
Unwinding of discount on provisions	(119)	(85)
Other finance costs	-	-
Total finance costs	**138**	**(83)**

Note 11 The late payment of commercial debts (interest) Act 1998 / Public Contract Regulations 2015

	2022/23	2021/22
	£000	£000
Total liability accruing in year under this legislation as a result of late payments	-	-
Amounts included within interest payable arising from claims made under this legislation	-	2
Compensation paid to cover debt recovery costs under this legislation	-	-

Note 12 Other gains / (losses)

	2022/23	2021/22
	£000	£000
Gains on disposal of assets	27	-
Losses on disposal of assets	(3,984)	(626)
Total gains / (losses) on disposal of assets	**(3,957)**	**(626)**

Note 13 Intangible assets 2022/23

	Software licences	Internally generated information technology	Intangible assets under construction	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2022 - brought forward	**9,525**	**19,499**	**6,748**	**35,772**
Additions	-	949	207	**1,156**
Impairments	(1)	(2,588)	-	**(2,589)**
Reclassifications	3,070	3,166	(5,881)	**355**
Disposals / derecognition	(398)	(15,374)	-	**(15,772)**
Valuation / gross cost at 31 March 2023	**12,196**	**5,652**	**1,074**	**18,922**
Amortisation at 1 April 2022 - brought forward	**4,216**	**17,944**	**-**	**22,160**
Provided during the year	1,754	887	-	**2,641**
Reclassifications	74	(74)	-	**-**
Disposals / derecognition	(398)	(15,374)	-	**(15,772)**
Amortisation at 31 March 2023	**5,646**	**3,383**	**-**	**9,029**
Net book value at 31 March 2023	**6,550**	**2,269**	**1,074**	**9,893**
Net book value at 1 April 2022	**5,309**	**1,555**	**6,748**	**13,612**

Note 14 Intangible assets 2021/22

	Software licences	Internally generated information technology	Intangible assets under construction	Total
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2021 - as previously stated	**8,479**	**20,142**	**5,388**	**34,009**
Additions	752	227	1,641	**2,620**
Reclassifications	615	21	(281)	**355**
Disposals / derecognition	(321)	(891)	-	**(1,212)**
Valuation / gross cost at 31 March 2022	**9,525**	**19,499**	**6,748**	**35,772**
Amortisation at 1 April 2021	**3,182**	**17,737**	**-**	**20,919**
Provided during the year	1,355	805	-	**2,160**
Disposals / derecognition	(321)	(598)	-	**(919)**
Amortisation at 31 March 2022	**4,216**	**17,944**	**-**	**22,160**
Net book value at 31 March 2022	**5,309**	**1,555**	**6,748**	**13,612**
Net book value at 1 April 2021	**5,297**	**2,405**	**5,388**	**13,090**

Note 15 Property, plant and equipment 2022/23

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2022 - brought forward	**52,781**	**66,990**	**32,199**	**21,902**	**75,177**	**38,700**	**2,142**	**289,891**
Additions	-	6,465	23,050	379	127	1,993	506	**32,520**
Impairments	(2,085)	(8,578)	-	-	-	-	-	**(10,663)**
Revaluations	727	2,271	-	-	-	-	-	**2,998**
Reclassifications	-	6,479	(19,632)	1,612	6,983	3,546	658	**(354)**
Disposals / derecognition	-	(267)	(2,711)	(104)	(647)	(10,506)	-	**(14,235)**
Valuation/gross cost at 31 March 2023	**51,423**	**73,360**	**32,906**	**23,789**	**81,640**	**33,733**	**3,306**	**300,157**
Accumulated depreciation at 1 April 2022 - brought forward	**-**	**205**	**-**	**15,957**	**44,267**	**17,450**	**527**	**78,406**
Provided during the year	-	4,296	-	1,263	8,594	6,428	292	**20,873**
Impairments	-	(1,122)	-	-	-	-	-	**(1,122)**
Reversals of impairments	-	(674)	-	-	-	-	-	**(674)**
Revaluations	-	(2,195)	-	-	-	-	-	**(2,195)**
Disposals / derecognition	-	(267)	-	(90)	(642)	(6,535)	-	**(7,534)**
Accumulated depreciation at 31 March 2023	**-**	**243**	**-**	**17,130**	**52,219**	**17,343**	**819**	**87,754**
Net book value at 31 March 2023	**51,423**	**73,117**	**32,906**	**6,659**	**29,421**	**16,390**	**2,487**	**212,403**
Net book value at 1 April 2022	**52,781**	**66,785**	**32,199**	**5,945**	**30,910**	**21,250**	**1,615**	**211,485**

Note 16 Property, plant and equipment 2021/22

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2021	**52,507**	**60,095**	**28,169**	**23,434**	**71,234**	**25,408**	**1,759**	**262,606**
Additions	-	6,960	28,456	166	1,029	5,681	8	**42,300**
Impairments	-	(7,244)	-	-	-	-	-	**(7,244)**
Reversals of impairments	-	(93)	-	-	-	-	-	**(93)**
Revaluations	274	(30)	-	-	-	-	-	**244**
Reclassifications	-	7,503	(24,426)	843	5,212	10,114	399	**(355)**
Disposals / derecognition	-	(201)	-	(2,541)	(2,298)	(2,503)	(24)	**(7,567)**
Valuation/gross cost at 31 March 2022	**52,781**	**66,990**	**32,199**	**21,902**	**75,177**	**38,700**	**2,142**	**289,891**
Accumulated depreciation at 1 April 2021	**-**	**41**	**-**	**17,014**	**35,877**	**15,312**	**311**	**68,555**
Provided during the year	-	3,964	-	1,458	10,553	4,556	230	**20,761**
Impairments	-	(3,169)	-	-	-	-	-	**(3,169)**
Reversals of impairments	-	(191)	-	-	-	-	-	**(191)**
Revaluations	-	(358)	-	-	-	-	-	**(358)**
Disposals / derecognition	-	(82)	-	(2,515)	(2,163)	(2,418)	(14)	**(7,192)**
Accumulated depreciation at 31 March 2022	**-**	**205**	**-**	**15,957**	**44,267**	**17,450**	**527**	**78,406**
Net book value at 31 March 2022	**52,781**	**66,785**	**32,199**	**5,945**	**30,910**	**21,250**	**1,615**	**211,485**
Net book value at 1 April 2021	**52,507**	**60,054**	**28,169**	**6,420**	**35,357**	**10,096**	**1,448**	**194,051**

Note 16.1 Property, plant and equipment financing 2022/23

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	51,423	73,117	32,906	6,631	29,371	16,390	2,487	**212,325**
Owned - donated/granted	-	-	-	28	50	-	-	**78**
Total net book value at 31 March 2023	**51,423**	**73,117**	**32,906**	**6,659**	**29,421**	**16,390**	**2,487**	**212,403**

Note 16.2 Property, plant and equipment financing 2021/22

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	52,781	66,785	32,199	5,906	30,835	21,250	1,615	**211,371**
Owned - donated/granted	-	-	-	39	75	-	-	**114**
Total net book value at 31 March 2022	**52,781**	**66,785**	**32,199**	**5,945**	**30,910**	**21,250**	**1,615**	**211,485**

A professional revaluation was undertaken on all land and buildings at 31 March 2023. The valuation was carried out by District Valuer Services of the Valuation Office Agency, an executive arm of HMRC, out in accordance with the terms of the Royal Institution of Chartered Surveyors (RICS), insofar as these terms are consistent with the requirement of HM Treasury, the National Services and the Department of Health. The valuation exercise was carried out in March 2023 with a valuation date of 31 March 2023 on a desktop valuation basis.

This year the valuation is not reported as being subject to 'material valuation uncertainty' as defined by VPS 3 and VPGA 10 of the RICS Valuation – Global Standards. The pandemic and the measures taken to tackle COVID-19 continue to affect economies and real estate markets globally. Nevertheless, as at the valuation date some property markets have started to function again, with transaction volumes and other relevant evidence returning to levels where an adequate quantum of market evidence exists upon which to base opinions of value. Accordingly, and for the avoidance of doubt, our valuation is not reported as being subject to 'material valuation uncertainty' as defined by VPS 3 and VPGA 10 of the RICS Valuation – Global Standards.

a) Specialised In Use (Operational) assets - buildings valued using depreciated replacement cost methodology
The majority of the trust buildings are valued using the depreciated replacement cost basis. There has been no diminution identified in the public sector's ongoing requirement for these operational assets nor reduction in their ongoing remaining economic service potential as a result of the incidence of COVID-19.

b) Non - Specialised In Use (Operational) assets including the land element of the depreciated replacement cost valuation of specialised assets
The trust has a few non-specialised in use buildings. There has been no diminution identified in the public sector's ongoing requirement for these operational assets nor reduction in their ongoing remaining economic service potential as a result of the incidence of COVID-19. Their basis of valuation is however current value in existing use, having regard to comparable market evidence.

The values in the report have been used to inform the measurement of property assets at valuation in these financial statements.

The market value was used in arriving at fair value for the operational assets subject to the additional special assumptions that:

a) no adjustment has been made on the grounds of a hypothetical "flooding of the market" if a number of properties were to be marketed simultaneously
b) in the respect of the Market Value of non-operational asset only the NHS is assumed not to be in the market for the property interest and
c) regard has been had to appropriate lotting to achieve the best price.

The revaluation model set out in IAS 16 was applied to value the capital assets to fair value.

Note 17 Right of use assets

This note details information about leases for which the Trust is a lessee.

The Trust agreed and signed 25 new leases during 2022/3, the most significant of which were new property leases at Brent and Croydon.

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis.

	Property (land and buildings)	Transport equipment	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000
Valuation / gross cost at 1 April 2022 - brought forward	**-**	**-**	**-**	**-**
Recognition of right of use assets for existing operating leases on initial application of IFRS 16 on 1 April 2022	27,377	214	**27,591**	
Additions	6,685	285	**6,970**	-
	70	-	**70**	-
Movements in provisions for restoration / removal costs	1,294	-	**1,294**	-
Revaluations	(81)	-	**(81)**	-
Valuation/gross cost at 31 March 2023	**35,345**	**499**	**35,844**	**-**
Transfers by absorption	-	-	**-**	-
Provided during the year	4,944	151	**5,095**	-
Impairments	64	-	**64**	-
Revaluations	(114)	-	**(114)**	-
Accumulated depreciation at 31 March 2023	**4,894**	**151**	**5,045**	**-**
Net book value at 31 March 2023	**30,451**	**348**	**30,799**	**-**

Note 17.1 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 24.

	2022/23
	£000
Carrying value at 31 March 2022	-
IFRS 16 implementation - adjustments for existing operating leases	26,141
Lease additions	6,700
Lease liability remeasurements	70
Interest charge arising in year	258
Lease payments (cash outflows)	(4,489)
Carrying value at 31 March 2023	**28,680**

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.
These payments are disclosed in Note 6. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

Note 17.2 Maturity analysis of future lease payments at 2022/23

	Total	Of which leased from DHSC group bodies:
	31 March 2023 £000	31 March 2023 £000
Undiscounted future lease payments payable in:		
- not later than one year	5,683	-
- later than one year and not later than five years	15,399	-
- later than five years.	8,986	-
Total gross future lease payments	**30,068**	**-**
Finance charges allocated to future periods	(1,388)	-
Net lease liabilities at 31 March 2023	**28,680**	**-**
Of which:		
- Current	5,360	-
- Non-Current	23,320	-

Note 17.3 Commitments in respect of operating leases 2021/2022

This note discloses costs incurred in 2021/22 and commitments as at 31 March 2022 for leases the trust previously determined to be operating leases under IAS 17.

	2021/22 £000
Operating lease expense	
Minimum lease payments	7,039
Total	**7,039**

	31 March 2022 £000
Future minimum lease payments due:	
- not later than one year	5,593
- later than one year and not later than five years	13,410
- later than five years.	7,765
Total	**26,768**
Future minimum sublease payments to be received	-

Note 17.4 Initial application of IFRS 16 on 1 April 2022

IFRS 16 as adapted and interpreted for the public sector by HM Treasury has been applied to leases in these financial statements with an initial application date of 1 April 2022.

The standard has been applied using a modified retrospective approach without the restatement of comparatives. Practical expedients applied by the Trust on initial application are detailed in the leases accounting policy in note 1.

Lease liabilities created for existing operating leases on 1 April 2022 were discounted using the weighted average incremental borrowing rate determined by HM Treasury as 0.95%.

Reconciliation of operating lease commitments as at 31 March 2022 to lease liabilities under IFRS 16 as at 1 April 2022

	1 April 2022
	£000
Operating lease commitments under IAS 17 at 31 March 2022	**26,768**
Impact of discounting at the incremental borrowing rate	**(730)**
IAS 17 operating lease commitment discounted at incremental borrowing rate	**26,038**
Less:	
Commitments for short term leases	(545)
Commitments for leases of low value assets	(468)
Irrecoverable VAT previously included in IAS 17 commitment	(5,123)
Services included in IAS 17 commitment not included in the IFRS 16 liability	(331)
Other adjustments:	
Differences in the assessment of the lease term	3,276
Public sector leases without full documentation previously excluded from operating lease commitments	2,399
Rent increases/(decreases) reflected in the lease liability, not previously reflected in the IAS 17 commitment	70
Other adjustments	827
Total lease liabilities under IFRS 16 as at 1 April 2022	**26,143**

Note 18 Inventories

	31 March 2023	31 March 2022
	£000	£000
Drugs	65	55
Consumables	3,802	6,814
Total inventories	**3,867**	**6,869**
of which:		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £15,915k (2021/22: £12,844k). Write-down of inventories recognised as expenses for the year were £3k (2021/22: £479k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2022/23 the Trust received £724k of items purchased by DHSC (2021/22: £977k).

These inventories were recognised as additions to inventory at deemed cost with the corresponding benefit recognised in income. The utilisation of these items is included in the expenses disclosed above.

The deemed cost of these inventories was charged directly to expenditure on receipt with the corresponding benefit recognised in income.

Note 19 Receivables

	31 March 2023	31 March 2022
	£000	£000
Current		
Contract receivables	28,406	11,294
Capital receivables	-	9
Allowance for impaired contract receivables / assets	(1,374)	(1,460)
Prepayments (non-PFI)	12,705	8,623
PDC dividend receivable	1,242	667
VAT receivable	2,978	1,251
Other receivables	1,906	600
Total current receivables	**45,863**	**20,984**
Non-current		
Other receivables	33	54
Total non-current receivables	**33**	**54**
Of which receivable from NHS and DHSC group bodies:		
Current	23,575	6,332
Non-current	33	54

Note 19.1 Allowances for credit losses

	31 March 2023	31 March 2022
	£000	£000
Allowances as at 1 April	**1,460**	**1,085**
New allowances arising	-	493
Changes in existing allowances	(86)	-
Reversals of allowances	-	(93)
Utilisation of allowances (write offs)	-	(25)
Allowances as at 31 March	**1,374**	**1,460**

All allowances relate to contract receivables and contract assets.

Note 20 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2022/23	2021/22
	£000	£000
At 1 April	**47,875**	**39,787**
Net change in year	(19,988)	8,088
At 31 March	**27,887**	**47,875**
Broken down into:		
Cash at commercial banks and in hand	8	9
Cash with the Government Banking Service	27,879	47,866
Total cash and cash equivalents as in SoFP	**27,887**	**47,875**
Total cash and cash equivalents as in SoCF	**27,887**	**47,875**

Note 21 Third party assets held by the trust.

There are no third party assets held by the Trust.

Note 22 Trade and other payables

	31 March 2023	31 March 2022
	£000	£000
Current		
Trade payables	7,089	9,742
Capital payables	7,507	10,518
Accruals	57,554	50,404
Social security costs	5,492	5,179
Pension contributions payable	5,643	4,916
Other taxes payable	4,770	4,386
Other payables	136	478
Total current trade and other payables	**88,191**	**85,623**
Of which payables from NHS and DHSC group bodies:		
Current	1,478	2,593
Non-current	-	-

Note 22.1 Early retirements in NHS payables above

The payables note above includes amounts in relation to early retirements as set out below:

	31 March 2023	31 March 2023	31 March 2022	31 March 2022
	£000	Number	£000	Number
- to buy out the liability for early retirements over 5 years	305		-	
- number of cases involved		4		-

Note 23 Other liabilities

	31 March 2023	31 March 2022
	£000	£000
Current		
Deferred income: contract liabilities	1,456	2,791
Total other current liabilities	**1,456**	**2,791**

Note 24 Borrowings

	31 March 2023	31 March 2022
	£000	£000
Current		
Lease liabilities*	5,360	-
Total current borrowings	**5,360**	**-**
Non-current		
Other loans	-	107
Lease liabilities*	23,320	-
Total non-current borrowings	**23,320**	**107**

The Trust has applied IFRS 16 to lease arrangements within these accounts from 1 April 2022 without restatement of comparatives. More information about leases and the impact of this change in accounting policy can be found in note 1.

Note 25.1 Reconciliation of liabilities arising from financing activities 2022/23

	Other loans	Lease Liability	Total
	£000	£000	£000
Carrying value at 1 April 2022	**107**	**-**	**107**
Cash movements:			
Financing cash flows - payments and receipts of principal	(107)	(4,232)	**(4,339)**
Financing cash flows - payments of interest	-	(257)	**(257)**
Non-cash movements:			
Impact of implementing IFRS 16 on 1 April 2022	-	26,141	**26,141**
Additions	-	6,700	**6,700**
Lease liability remeasurements	-	70	**70**
Application of effective interest rate	-	258	**258**
Carrying value at 31 March 2023	**-**	**28,680**	**28,680**

Note 25.2 Reconciliation of liabilities arising from financing activities 2021/22

	Other loans	Lease Liability	Total
	£000	£000	£000
Carrying value at 1 April 2021	107	-	**107**
Carrying value at 31 March 2022	**107**	**-**	**107**

Note 26 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000
At 1 April 2022	**1,002**	**8,166**	**215**	**609**	**13,717**	**23,709**
Change in the discount rate	(93)	(1,992)	-	-	-	**(2,085)**
Arising during the year	78	226	267	35	6,910	**7,516**
Utilised during the year	(134)	(423)	(117)	(170)	(1,457)	**(2,301)**
Reversed unused	(88)	-	(137)	(223)	(887)	**(1,335)**
Unwinding of discount	(13)	(106)	-	-	-	**(119)**
At 31 March 2023	**752**	**5,871**	**228**	**251**	**18,283**	**25,385**
Expected timing of cash flows:						
- not later than one year	124	418	228	251	2,041	**3,062**
- later than one year and not later than five years	481	1,674	-	-	13,630	**15,785**
- later than five years.	147	3,779	-	-	2,612	**6,538**
Total	**752**	**5,871**	**228**	**251**	**18,283**	**25,385**

Injury Benefits provision of £5,871 relates to staff injured at work, whilst the Early Departure Costs provision of £752k relates to staff who have taken early retirement. Both amounts are calculated by the NHS Pensions Agency following assessment of the individuals' claims. The sum provided is recalculated annually based on changes in annual rates and life expectancy it is adjusted for inflation and a discounting factor is applied.

The Legal Claims provision of £228k relates to Employers Liability Claims based on estimates of costs and settlements provided by the NHS Litigation Authority.

The Redundancy provision of £251k relates to management restructures within the Trust.

Other provisions of £18,283k includes a provision relation to pending legal cases affecting calculation of holiday pay, provisions for for lease dilapidations, and provisions for pending employment tribunal. Details of the estimation uncertainty with these provisions is set out in Note 1.22 above

Note 26.1 Clinical negligence liabilities

At 31 March 2023, £92,505k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of London Ambulance Service NHS Trust (31 March 2022: £126,345k).

Note 26.2 Contingent assets and liabilities

	31 March 2023	31 March 2022
	£000	£000
Value of contingent liabilities		
NHS Resolution legal claims	(87)	(91)
Net value of contingent liabilities	**(87)**	**(91)**
Net value of contingent assets	**-**	**-**

Note 26.3 Contractual capital commitments

	31 March 2023	31 March 2022
	£000	£000
Property, plant and equipment	16,419	11,216
Intangible assets	21	35
Total	**16,440**	**11,251**

Note 27 Financial instruments

Financial risk management
Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Due to the continuing service provider relationship that the Trust has with commissioners and the way those commissioners are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk
The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk
The Trust has no outstanding loans and therefore has no exposure to interest rate fluctuations.

Credit risk
Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2023 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk
The Trust's operating costs are incurred under contracts with Integrated Care Boards (ICBs), which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from funds obtained within its prudential borrowing limit. The Trust is not, therefore, exposed to significant liquidity risks.

Note 28 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2023	Held at amortised cost	Total book value
	£000	£000
Trade and other receivables excluding non financial assets	28,971	**28,971**
Cash and cash equivalents	27,887	**27,887**
Total at 31 March 2023	**56,858**	**56,858**

Carrying values of financial assets as at 31 March 2022	Held at amortised cost	Total book value
	£000	£000
Trade and other receivables excluding non financial assets	10,443	**10,443**
Cash and cash equivalents	47,875	**47,875**
Total at 31 March 2022	**58,318**	**58,318**

Note 29 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2023	Held at amortised cost	Total book value
	£000	£000
Obligations under leases	28,680	**28,680**
Trade and other payables excluding non financial liabilities	96,691	**96,691**
Total at 31 March 2023	**125,371**	**125,371**

Carrying values of financial liabilities as at 31 March 2022	Held at amortised cost	Total book value
	£000	£000
Other borrowings	107	**107**
Trade and other payables excluding non financial liabilities	71,142	**71,142**
Total at 31 March 2022	**71,249**	**71,249**

Note 29.1 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2023	31 March 2022
	£000	£000
In one year or less	80,051	71,142
In more than one year but not more than five years	31,184	107
In more than five years	15,524	-
Total	**126,759**	**71,249**

Note 30 Losses and special payments

	2022/23		2021/22	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	-	-	-	-
Bad debts and claims abandoned	2	4	-	-
Stores losses and damage to property	2,682	1,574	2,273	1,749
Total losses	**2,684**	**1,578**	**2,273**	**1,749**
Special payments				
Ex-gratia payments	86	2,043	25	1,948
Special severance payments	-	-	1	250
Total special payments	**86**	**2,043**	**26**	**2,198**
Total losses and special payments	**2,770**	**3,621**	**2,299**	**3,947**
Compensation payments received				

Note 31 Related parties

The Department of Health and Social Care, as the London Ambulance Service NHS Trust's parent department, is considered to be a related party. During the year none of the Department of Health and Social Care Ministers, London Ambulance Service NHS Trust board members or members of key management staff, or parties related to any of them, has undertaken any material transactions with the London Ambulance Service NHS Trust. The London Ambulance Service NHS Trust has had a significant number of material transactions during the year with the Department, and with other entities for which the Department is regarded as the parent Department. These entities are listed below where receipts exceed £10m.

	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
	£000s	£000s	£000s	£000s
NHS North West London ICB	-	146,774	267	82
NHS North East London ICB	-	94,183	152	160
NHS South East London ICB	-	86,304	-	740
NHS North Central London ICB	-	58,360	48	15
NHS South West London ICB	-	56,600	-	477
NHS North West London CCG (demised 01/07/22)	-	47,223	-	-
NHS North East London CCG (demised 01/07/22)	-	30,536	-	-
NHS South East London CCG (demised 01/07/22)	10	28,174	-	-
NHS England	21	24,504	907	20,072
NHS North Central London CCG (demised 01/07/22)	-	19,358	-	-
NHS South West London CCG (demised 01/07/22)	-	18,227	-	-

The London Ambulance Service NHS Trust acts as corporate trustee for the London Ambulance Service Charity. During the financial year ending 31 March 2023 the Trust received grants of £10k (2021/22 £546k), reported a payable balance of £0k (2021/22: £48k).

Note 32 Better Payment Practice code

	2022/23	2022/23	2021/22	2021/22
Non-NHS Payables	**Number**	**£000**	**Number**	**£000**
Total non-NHS trade invoices paid in the year	52,111	333,558	52,477	295,967
Total non-NHS trade invoices paid within target	47,078	312,656	48,692	274,058
Percentage of non-NHS trade invoices paid within target	**90.3%**	**93.7%**	**92.8%**	**92.6%**
NHS Payables				
Total NHS trade invoices paid in the year	900	7,413	560	3,778
Total NHS trade invoices paid within target	**798**	**6,462**	**459**	**3,207**
Percentage of NHS trade invoices paid within target	**88.7%**	**87.2%**	**82.0%**	**84.9%**

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later.

Note 33 External financing limit

The trust is given an external financing limit against which it is permitted to underspend

	2022/23	2021/22
	£000	**£000**
Cash flow financing	17,488	(831)
Other capital receipts		
External financing requirement	**17,488**	**(831)**
External financing limit (EFL)	17,488	(831)
Under / (over) spend against EFL	**-**	**-**

Note 34 Capital Resource Limit

	2022/23	2021/22
	£000	**£000**
Gross capital expenditure	40,720	44,920
Less: Disposals	(6,702)	(669)
Less: Donated and granted capital additions	(209)	-
Plus: Loss on disposal from capital grants in kind	-	-
Charge against Capital Resource Limit	**33,809**	**44,251**
Capital Resource Limit	33,809	44,451
Under / (over) spend against CRL	**-**	**200**

Note 35 Breakeven duty financial performance

	2022/23
	£000
Adjusted financial performance surplus / (deficit) (control total basis)	138
Remove impairments scoring to Departmental Expenditure Limit	2,589
Breakeven duty financial performance surplus / (deficit)	**2,727**

Note 36 Breakeven duty rolling assessment

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
	£000	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance		1,425	1,002	2,751	262	262	6,048	(4,405)
Breakeven duty cumulative position	2,569	3,994	4,996	7,747	8,009	8,271	14,319	9,914
Operating income		279,864	283,617	281,731	303,109	303,827	324,052	319,992
Cumulative breakeven position as a percentage of operating income		1.4%	1.8%	2.7%	2.6%	2.7%	4.4%	3.1%

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	6,143	5,758	6,958	174	2,559	729	2,727
Breakeven duty cumulative position	16,057	21,815	28,773	28,947	31,506	32,235	34,962
Operating income	355,507	364,598	388,978	438,559	570,323	603,095	646,206
Cumulative breakeven position as a percentage of operating income	4.5%	6.0%	7.4%	6.6%	5.5%	5.3%	5.4%

History

In 1948 the National Health Service was established, and with that, the requirement for ambulances to be available for all those who needed them.

In the 1950s, the London County Council's ambulance service moved to headquarters at Waterloo Road – close to the current HQ.

London Ambulance Service was created in 1965 when one single ambulance service replaced the nine existing services working in the city. Back then, we had nearly 1,000 vehicles and 2,500 members of staff. In April 1996, London Ambulance Service became an NHS trust.

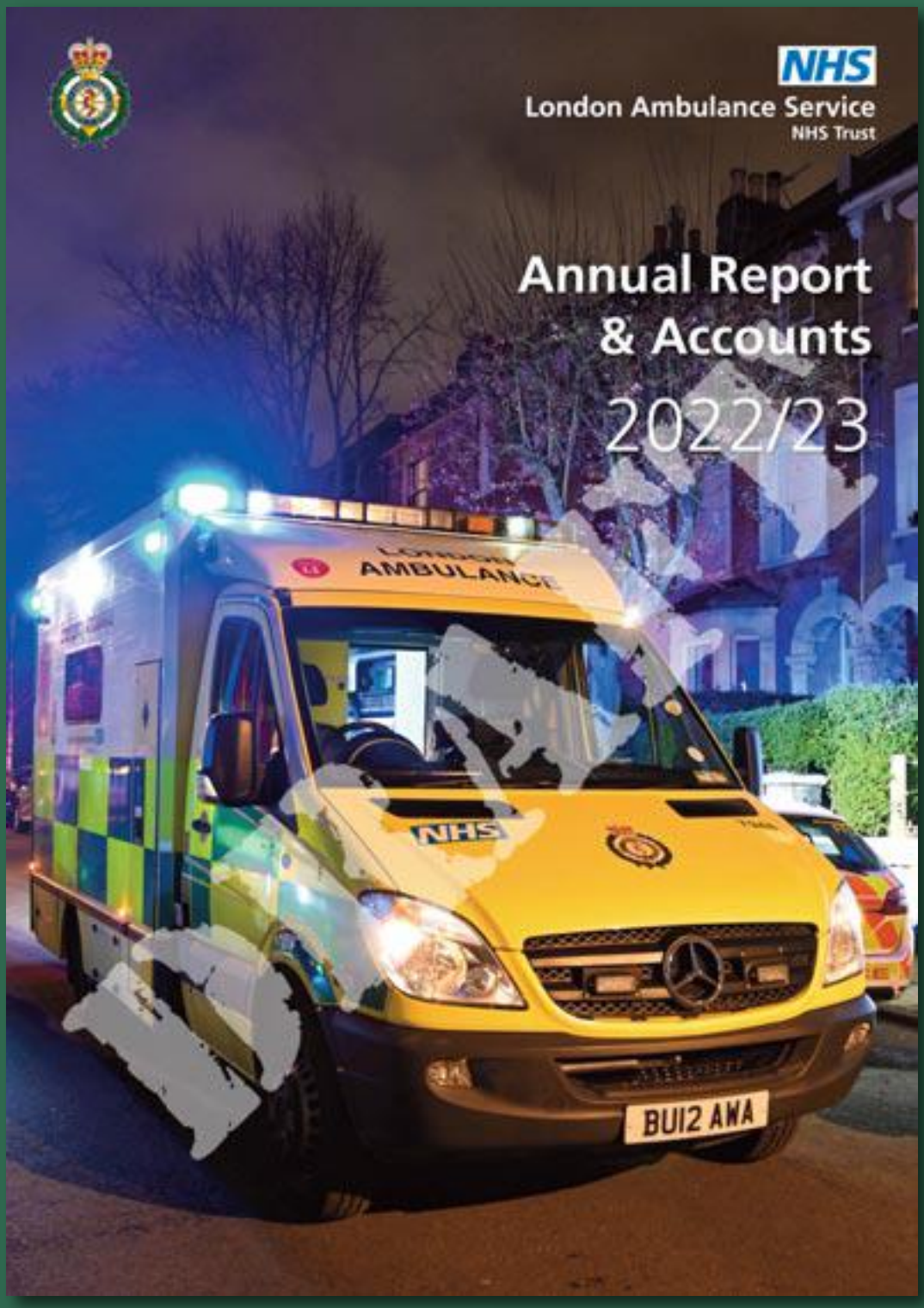
Just like the capital itself, we are continuing to grow and develop. The London Ambulance Service of today, and the skills and capabilities of our staff, bear little resemblance to the Service of even 20 years ago.

Historically, we designed our service around a small number of our patients – those with life-threatening conditions. But in fact, our largest group of patients have conditions, whilst not life-threatening, still need urgent medical care. Many of these patients need different treatment to that offered at a hospital's emergency department. This could be treatment at home, referrals to a GP or social services, or a local walk-in centre.

The way we respond to calls is changing too. Our staff now attend to patients in cars, on motorbikes and bicycles, as well as in ambulances. This enables us to reach patients quicker in busy built-up areas. We are increasing public access to defibrillators—machines used to restart a patient's heart when it has stopped beating—and are providing training in how to use this equipment, so that people in the community can provide life-saving treatment our front line clinicians make their way to a call.

We play a vital role in the London trauma system, treating and transferring patients with life-threatening injuries to specialist centres for treatment.


EMERGENCY
MEDICAL
DISPATCHER



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